LEGISLATIVE HEARING ON H.R. 6047, THE "SHARRI BRILEY AND ERIC EDMUNDSON VETERANS BENEFITS EXPANSION ACT OF 2025", H.R. 4077, THE "GUARD VETERANS' HEALTH CARE ACT

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED NINETEENTH CONGRESS

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STATEMENTS FOR THE RECORD

LEGISLATIVE HEARING ON H.R. 6047, THE "SHARRI BRILEY AND ERIC EDMUNDSON VETERANS BENEFITS EXPANSION ACT OF 2025", H.R. 4077, THE "GUARD VETERANS' HEALTH CARE ACT

WEDNESDAY, DECEMBER 3, 2025

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, Bergman, Murphy, King-Hinds, Barrett, Takano, Doggett, Cherfilus-McCormick, Budzinski, Dexter, Conaway, and Morrison.

OPENING STATEMENT OF MIKE BOST, CHAIRMAN

The CHAIRMAN. Good morning, everyone. The committee will come to order. The chair may declare a recess at any point.

The Chairman, in accordance with the committee rules, I am asking unanimous consent that Representative Doggett from Texas be permitted to participate in today's committee and subcommittee hearing today. Without objection, so ordered.

Before we begin, I want to pause to recognize Sergeant Andrew Wolfe, who is recovering, and Specialist Sarah Beckstrom, who sadly passed from her injuries. When our National Guards are called from their civilian lives to serve and they answer without hesitation, that bravery and sense of duty is the cornerstone of what makes our military so exceptional. We hold their families, their units, and all those affected in our thoughts.

I am glad to be here today to consider the following bills: H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025; H.R. 4077, the Guarantee Utilization of All Reimbursements for Delivery of Veterans' Health Care Act (GUARD) Veterans' Health Care Act. Before I discuss the bills before us, I would first like to welcome all of our witnesses who are here to testify on the impact that one of these bills would have on their veterans' communities.

Mr. Edmundson, thank you to you and your family for traveling to Washington to be here. Ms. Briley, thank you for traveling to be here. The institution of Congress and this committee is honored to have two great Americans like you both sitting before us today.

Eric, it is good to have you here as well. As a father, I know the weight that both you carry each day for your families. I just want to say thank you.

We are here today to discuss H.R. 6047. This landmark bill would create a significant increase in benefits for a forgotten group of veterans and their families. This bill would permanently increase the monthly rate of VA's Dependency and Indemnity Compensation, DIC, by an additional 1 percent every year for the next 5 years. DIC is a tax-free U.S. Department of Veterans Affairs (VA) benefit that survivors, spouses, and dependents receive if their veteran or loved one's death has Active Duty training-related, service-connected, or if the veteran was rated a hundred percent disability for 10 years.

While DIC is an increase to keep up with inflation, the base rate has not been increased since 1993. That is over 30 years. This bill would change that by adding additional 1 percent on top of any increase to account for the inflation for the next 5 years.

Surviving families of our Nation's heroes like Sharri Briley, who this bill is named after, would benefit from this increase. Sharri is a surviving spouse of Donovan Lee "Bull" Briley, an Army specialist operation helicopter pilot who lost his life during the Black Hawk Down Incident in Somalia in 1993. Sharri and Donovan's daughter was just 5 years old when her father came home from the mission in a casket wrapped in Stars and Stripes.

President Lincoln made a promise to the families like Riley's and the thousands more like them. In 1865, over 100 years before Donovan would take the oath to give his life on behalf of the United States of America, that if it came to that, our Nation would ensure without hesitation that his widow and his child were taken care of and treated with dignity. This bill will help do that.

The bill would also permanently increase VA's special monthly compensation, or SMC, by $10,000 for catastrophic disabled veterans who receive an R1, R2, or a T rating. These three tiers are the highest level of surviving connected compensation for veterans whose condition go far beyond 100 percent disability. Veterans at these rates require regular in-home aid attendance under the supervision of a medical professional.

A veteran like Eric right here before us, who H.R. 6047 is proudly named after Eric's parents, his sister, his wife, and his children care for him every single day. Their care does not stop because it is the weekend or because it is 5 p.m. or because they want a break. They are the unsung heroes, the great Americans who sacrifice every day, that care for our veterans who live, who forever change—whose lives have been forever changed by their service and the life—and they live with the visible and invisible wounds of war.

Families like the Edmundsons would never expect you to say thank you, but we owe them a debt of gratitude that can never fully be repaid. This bill is for them and the thousands of families like theirs. It is a step forward and it reminds those families that America has their back.

In order to pay for this bill, we would require any veteran rated at 70 percent or less to pay the home loan funding fee on their second home. Let me say that again. It would require veterans who

have a 70 percent or below home loan, their second home loan would require a fee, that rate that all veterans currently pay. That is an average of $35 a month. No changes would be made to a veteran's first home buying experience. This ensures that veterans still have access to the American dream of owning a home without paying the funding fee on their first use regardless of the rating.

Opening the funding fee is a realistic way to get this done. This bill cost over $7 billion and this is a path forward to get this across the finish line on behalf of the families it would positively impact, all while following Pay-As-You-Go (PAYGO). The legislation is the first realistic attempt by Congress in years to get something done for over 500,000 recipients of these VA benefits. This bill represents a realistic attempt to increase VA's largest survivor benefit. This bill ensures the sacrifices of our military families and catastrophically injured veterans are not forgotten.

I am sure there are many who will try to avoid the reality of this situation and try to say that we can make these expansions without an offset. Under my leadership, I live in the real world and I am focused on getting things done. I am focused on working with our Republican conference to make it a little easier for our families to make ends meet, especially the families of our American heroes.

I remain concerned by the lack of bipartisanship and the rhetoric that continues to come from our friends on the other side of the aisle during these debates on a bill that would directly address the problems we serve—we try to try to fix on this committee and try to get them solved. My staff and I have spent months trying to understand what the other side of the aisle would need in order to support this very good bill. Unfortunately, we have not received that response. This is disappointing. I want this bill to be a bipartisan bill. Really do.

Now, this is because Eric and Donovan were not serving Republicans or Democrats when they were overseas. They were fighting for all of us as American citizens. I took that same oath when I joined the Marine Corps and I have carried it with me every single day of this committee, especially as chairman.

There may be some that have concerns about the offset, which I understand, but inaction, hand-wringing is a receipt for nothing getting done. I have heard that some critics of the bill have even told witnesses today that they should hold out for a better deal in the next Congress, that somehow our attempt to move this bill is somehow some kind of trick or partisan game. My message on that remains simple: there is no place for partisan politics when it comes to our veterans, especially with a bill that helps catastrophic disabled veterans and gives survivors an increase that they have been waiting for 30 years. That is way overdue. It is fiscally irresponsible.

I look forward to a thorough discussion on this legislation before us. I would also like to thank Congressman Baretta—Barrett. It is a cold medicine. I am sorry. Yes. My friend and fellow veteran for his leadership on this issue.

I want to take a moment, though, to express serious concerns with H.R. 4077, the so-called GUARD Veterans' Health Care Act. Now, despite its promised title, the bill risks doing the exact opposite of what it claims. It could harm veterans. The legislation is in-

tended to allow VA to recover cost from Medicaid or Medicare Advantage (MA) plans, but, in reality, this would function as a punitive tax on Medicare Advantage plans that millions of veterans rely on. Over half of eligible Medicare beneficiaries, including many veterans, choose these plans because they offer robust benefits and broad access. This bill would force those plans to absorb new cost, which would inevitably lead to fewer benefits, smaller networks, and increase premiums for veterans and nonveterans alike. Worse, the bill would draw over 1 billion annually from the Hospital Insurance Trust Fund, accelerating its depletion and threatening Medicare's long-term sustainability.

Now, I should remind my Democrat colleagues that the veterans earned their VA benefits and their Medicare benefits. It is wrong to put these two programs at odds with each other. If the goal is to better coordination between VA and Medicare, there are better ways to do that. This bill is not that. Let us not pass a law that punishes veterans while pretending to protect them.

I now yield to Ranking Member Takano for his opening remarks.

OPENING STATEMENT OF MARK TAKANO, RANKING MEMBER

Mr. TAKANO. Well, thank you, Mr. Chairman. We are going to be spending a lot of time talking today about the VA Home Loan Guarantee Program. Before I begin my opening remarks, I want to take a moment to acknowledge the untimely passing of John Bell. Mr. Bell served as the executive director of Loan Guarantee Services for many years and testified before this committee on a number of occasions. His steady guidance steered VA through the COVID–19 pandemic and helped save tens of thousands of veterans from foreclosure. His leadership left an indelible mark on the VA Home Loan Program. Mr. Chairman, if you would indulge me for a moment, I would like to have a brief moment of silence for Mr. Bell and for Guardswoman Sarah Beckstrom, the recent horrible, tragic shooting of her. If we could take a brief moment.

The CHAIRMAN. Without objection, a moment of silence.

[Moment of silence.]

Mr. TAKANO. Thank you, Mr. Chairman.

Before moving on, I would also like to thank the witnesses who are here today to help us understand what is at stake. Ms. Briley, thank you for being here and for your courageous advocacy on behalf of survivors across this Nation. Your husband, Chief Warrant Officer 3 Donovan Lee "Bull" Briley, a night stalker killed in Mogadishu, is a hero who lived a life of service. Your decades of work supporting Gold Star families honors his legacy every day. Your testimony reminds us that behind every statistic is a home changed forever. Thank you, ma'am, for being here.

Mr. Edmundson, thank you, sir, and your family and your son, Eric, Sergeant Eric Edmundson. Thank you, Eric. Thank you for sharing the story of your son Eric, who is here with us today. I was honored to meet with you, Eric, and your family yesterday. Your testimony lays bare what round-the-clock caregiving truly requires physically, emotionally, and financially, and why additional support for families like yours is not optional, but essential.

Ms. Kristina Keenan of the Veterans of Foreign Wars (VFW). Kristina, welcome back to testifying before the committee. I want

to acknowledge something that is obvious to all of us. You are with child, very pregnant, and yet still doing the hard work of representing VA's membership. That grit is the definition of service. Your long record of advocacy, including your work on the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, strengthens this committee's work today. Thank you, Kristina.

Mr. Tom Wheaton of Paralyzed Veterans of America (PVA). Mr. Wheaton, thank you for your leadership and your decades of service with PVA. Your injury 36 years ago began a lifetime of advocacy to ensure veterans with spinal cord injuries receive the dignity, opportunity, and support that they have earned. We appreciate you lending your expertise and voice in today's discussion.

All of your stories and the lives they represent are the very reason this work must be done right. Chairman Bost, just a few short weeks ago, you and I stood on the floor of the House of Representatives to support the Veterans Compensation Cost of Living Adjustment Act, an annual legislative action that you and I strongly support. As I said at the time, veterans, their dependents, caregivers, and families deserve every penny we as a Congress can deliver for them. Any policy idea that seeks to increase those benefits commensurate with the sacrifices of those we serve deserves to be heard. There is bipartisan agreement on that.

There is also bipartisan agreement that an increase in benefits for severely disabled veterans and their survivors is long overdue. I am determined that we get it done not next Congress, but this Congress. That is why I strongly support the Caring for Survivors Act and the Love Lives On Act. That is why I support expanded access to care and benefits through new presumptions of service-connection. In a more perfect world, where once again I sit, where you are sitting today, Mr. Chairman, those bills and many more would be among our highest priorities. However, it is not the world we are in at present. We are left to consider the legislation that you have chosen to put before the committee today.

Now, regarding the majority's bill H.R. 6047, the aims of this bill are noble. Its potential to help survivors and catastrophically disabled veterans is real. I cannot support the mechanism chosen to pay for it. As we all know, Mr. Chairman, policymaking is about choices. Nearly every bill we move or do not move requires that we make tough choices. In this case, Mr. Barrett and the co-sponsors of this bill have chosen to pay for much-needed increases in special monthly compensation and DIC by charging disabled veterans thousands of dollars in new fees to access their earned VA home loan benefit. This is a choice I cannot accept.

Now, you all in the majority could have requested a waiver of House PAYGO rules. You could have sought offsets from other committees. You could have used offsets already at our disposal or you could have advanced this bill without an offset as Congress did in a bipartisan basis. We did that on a bipartisan basis with the PACT Act, and we figured it out. You all have not chosen any of these paths.

Instead, Mr. Barrett and the authors of this bill have chosen to pit one group of disabled veterans against another, offering long overdue help to veterans—to survivors and catastrophically dis-

abled veterans, but only at the direct expense of other disabled veterans. You all did so not as a last resort after exhausting every other way to pay for this increase, but as a first choice.

Now, this proposal would create an entirely new, unprecedented tax on disabled veterans, specifically a tax on disabled veterans with a disability rating of 70 percent or below, who will now have to pay a fee to access their earned VA home loan benefits. Now, since the home loan program was created in 1944, the American people have never asked disabled veterans to pay a funding fee or the tax you are trying to impose on them now. We should not begin to tax disabled veterans now for the home loan program.

We are clear about how this would play out. Under this bill, 3.2 million veterans, 3.2 million veterans, and countless more going forward would face higher costs just to use their earned home loan benefit. The average cost for the home in the United States is about $514,000. A disabled veteran using the VA home loan will be forced to pay an extra 17,000. We rounded that up, it is 16,968, roughly $17,000 at closing on average. That number is far more in higher cost areas.

Now, without a doubt, Mr. Barrett's bill cuts benefits from one group of disabled veterans and taxes them in order to fund benefits for another group of disabled veterans. I am sorry, but this is a very troubling precedent and one that I simply cannot support.

Well, now I would like to turn our attention to the other bill on today's agenda, the GUARD Veterans' Health Care Act. This legislation gives VA the authority to seek reimbursement from veterans' Medicare Advantage and Medicare Part D plans for any healthcare services or prescription drugs veterans who are enrolled in these plans receive at VA. We have the bill's sponsor, Representative Doggett, here with us today to tell us more about it. I am not going to steal any of his thunder, so I am going to keep my opening remarks on it very brief.

Before I close, I am just going to—like to point out the contrast between Mr. Barrett's bill and Mr. Doggett's bill. One bill, Mr. Barrett's, will take money away from disabled veterans in order to fund much-needed increases in benefits for survivors and severely disabled veterans. The other bill, Mr. Doggett's bill, will take money away from insurance companies, insurance companies that have been profiting from enrolling veterans in Medicare Advantage plans to the tune of as much as $23 billion per year for healthcare services their enrollees got at VA. It is not as if these insurance companies paid for any of these services. VA paid for them, but yet their shareholders at the insurance companies pocket the money.

Unlike Mr. Barrett's bill, the GUARD Veterans' Health Care Act is a bipartisan, bicameral measure. I am proud to be co-leading this bill with Representative Doggett as well as fellow Veterans Affairs Committee members Dr. Murphy and Republican Representatives David Schweikert and John Joyce. On the other hand, Mr. Barrett's bill has attracted only Republican co-sponsors in the House.

The GUARD Veterans' Health Care Act has the support of numerous veterans service organizations (VSO) and consumer advocacy organizations as a result of thoughtful, bipartisan, bicameral collaboration and cooperation. Unfortunately, Mr. Barrett's bill is

not. The divergence between what the majority is proposing and what Mr. Doggett is proposing could not be more clear.

As I said earlier, I know how essential these increases to SMC and DIC are. They can mean the difference between keeping the lights on or buying food for some people, not even to speak of the myriad care needs this money would help address. My Republican colleagues have engineered an impossible and false choice, pitting one group of disabled veterans against another group of disabled veterans. We know there are plenty of other ways to handle this cost.

I want everyone here and those of you watching at home to know this, we, the Committee Democrats, are working urgently and in good faith to find another way to pay for DIC and SMC increases that does not tax disabled veterans. Disabled veterans already pay taxes just like the rest of us, and Americans are overwhelmingly willing to dedicate their tax dollars to support severely disabled veterans. We only need to ask them. We do not have to accept this false choice. We do not have to choose between survivors and disabled veterans. We can and must choose a path that honors both.

I say to my colleagues, reject the cynicism of forcing disabled veterans to shoulder this burden. Choose a better way forward. Choose a path that will increase benefits for those who so urgently need them and protect benefits for those who already rely on VA. To the survivors, caregivers, and veterans in this room, I see you. We see you. We hear you. We are fighting for a solution worthy of your sacrifice.

With that, Mr. Chairman, I yield back.

The CHAIRMAN. Thank you, Ranking Member.

I now recognize Mr. Barrett, and I can say it this time now, just so you know, to testify about his legislation that we are discussing here today. Representative Barrett.

STATEMENT OF TOM BARRETT

Mr. BARRETT. Thank you, Mr. Chairman, and thank you, Ranking Member, for holding this hearing today and really bringing forward this important issue and this important subject and one that has been overlooked for far too long. I want to also thank our panelists here today, especially the families. I really want you to know how much I appreciated spending time and discussing with all of you yesterday just how important this was and learning more about your story and the sacrifices your families have made, and more about, Sharri, your husband, of course, as well, and Eric, your service and the missions that you were on and some of the overlapping cavalry assignments we had. I really appreciated that. I want you to know how much I really thank you for being here and for being advocates and for what you are doing.

I know we have already summarized a great deal about what these bills will do, and for you here today, I mean, I can explain what a piece of legislation would do with words written on a piece of paper. I think your testimony today will really convey to this committee just how important this is and why it matters so much for you and those that are in situations like yours.

Sharri, one of the things that you said yesterday that really stood out to me was you said when your husband died that there

were a lot of widowed women from previous conflicts, Korean war, World War II, that you became connected with, and they were trying to really stand in support of opportunities because they knew there would be widows that followed behind them. For you here today, I think that is a lasting legacy of those that are going to come behind you.

As we know, we are going to face other conflicts that our country will face, that we will send men and women into combat to endure for us, and that they will tragically leave behind families of their own. You know, someday there is going to be a spouse that you talk to that will thank you for the work that you have done today. Thank you.

To the Edmundson family, thank you for your advocacy. I know you have completely rearranged your entire life to accommodate this circumstance that has really fallen on you and to your family. To really see the connection and the bond that you have to put everything aside to care for your son and for his family is really just what makes the best of our country. I want you to know that this bill is something that is long overdue and one that we are going to continue to work on.

I have only been in Congress 11 months. I am hardly an expert. I have not been here as long as the folks on the top of the dais that have much more seniority than I do. One thing I have learned while I have been here is that the easiest path in Congress is the status quo. It is hard to change anything. It is hard to do something that might be a little bit hard or a little bit difficult to explain or maybe something that takes a little bit of political risk in order to do. When that happens, the status quo just perpetuates over and over and over again, and families like yours then get left behind longer and longer. This bill today represents a shift certainly in that, to try and achieve something that has not been done, it is long overdue and might require some difficult decisions of policymakers. I did not run for office to push the easy button. I ran for office because I recognized that we face complicated challenges, and it is incumbent on us to really face that and do that in the most appropriate way.

You know, if the ranking member is sincere in his efforts to work together to find ways to sculpt this, I am very open to that. I do not claim to have a monopoly on decision-making of how we go about things the best and most adequate way. I think it should not stop us from making ultimately what is in the best interest of those that are most severely impacted by the call of our country for the sacrifices that your families have made.

I am encouraged by the work that we are doing on this committee. I am hopeful that we can move this bill and get this done and really accomplish what is long overdue for the thousands of other families in similar situations to yours. I cannot thank you again, how much it means to me for you to come here to testify in front of this committee today and for the rest of our panelists to be here and to provide your insight as well. We thank you for that.

Mr. Chair, with that, I will yield back.

The CHAIRMAN. I now recognize Representative Doggett for testifying about his legislation that we are also discussing here today. Representative.

STATEMENT OF LLOYD DOGGETT

Mr. DOGGETT. Well, thank you very much, Mr. Chairman and Ranking Member. I am pleased to see one of the co-leads on this legislation, Dr. Murphy, here, who you know other Republican physicians both here in the House and in the Senate, with Dr. Cassidy, have made this a truly bipartisan effort. It also is a bill seeing those who represent our veterans here from the service organizations. I am so pleased that this bipartisan legislation has been endorsed now by the Veterans of Foreign Wars, by the Paralyzed Veterans, by the American Legion, as well as a number of labor unions and Medicare groups.

For years, private insurers have offered Medicare Advantage and Part D plans that have benefited from a loophole that allows them to take the premiums that are paid for by taxpayers for enrolled veterans while the VA actually provides the care. This is a waste of taxpayer dollars and it is drain on VA resources that should be invested in delivering more and better care to those who served our country and protected our freedoms. The Congressional Budget Office estimates that this bill will save the Veterans Administration at least $10 billion every year.

When a veteran is duly enrolled in other commercial insurance, say a veteran who is now working for a private employer, and that veteran prefers to go to the Veterans Administration and get their care, the Veterans Administration in turn asks the insurer for that private employer to pay the bill. Unfortunately, it does not work that way if the same veteran is relying on Medicare Advantage or Part D. This exemption, this requirement that the Veterans Administration cannot get reimbursed for Medicare actually predates as before there were ever any Medicare Advantage or Part D plans in existence and it just never got corrected.

Medicare Advantage insurers are definitely advantaged. They are advantaged over other health insurers without having to pay for the care that they are getting paid premiums for. The Veterans Administration is disadvantaged because while any private hospital or other healthcare provider to whom a veteran would turn for care can be reimbursed, the Veterans Administration in this case cannot get a penny.

This problem was brought to my attention as a result of some excellent investigating reports by the Wall Street Journal. Christopher Weaver and his colleagues exposed this lucrative loophole along with some academic research from Dr. David Myers. The Journal found that this loophole incentivizes Medicare Advantage insurers to increase their aggressive marketing to target veterans, in some cases offering them cash rebates to sign up for plans that they know they will never get reimbursement on from the Veterans Administration.

Such dual enrollment has gone up by 63 percent from 2011 to 2020 thanks to these marketing techniques. In one case, a duly enrolled veteran received a $100 per month cash rebate to stay on Medicare Advantage, while the plan received a $6,000 taxpayer payment to cover his cost of care for the year, care which he received only through VA at taxpayer expense. Without this corrective legislation, the cost to taxpayers will continue to soar with insurers already making billions at the expense of veterans.

I heard your objections, Mr. Chairman, and I respect the fact that you raised these concerns. Let me assure you that there is no tax being placed on Medicare Advantage plans. We only ask them to treat the Veterans Administration like they would any other private insurer. While I do not share the enthusiasm that some folks have for Medicare Advantage myself, let me make it clear that you can be as big a cheerleader for Medicare Advantage in general and its value as those TV promotional ads that are on nonstop right now during the enrollment season, but can still recognize that it is just plain wrong and not justifiable to deny the Veterans Administration the same ability to seek reimbursement from Medicare Advantage as it does from every other commercial plan.

Regarding any cost shift impacting Medicare and the Medicare Trust Fund, Dr. Murphy and I, Congressman Schweikert, who is the co-sponsor of this bill, we all serve on the Ways and Means Committee, and I believe can say that Medicare Advantage plans are already generously, perhaps overly generously compensated for the care that they provide. I think that there is not any need for an increase in benefits out of the hospital trust fund or from Medicare for this.

In short, then, the GUARD Veterans Care Act is simple. It allows VA to collect reimbursement for Medicare Advantage and Part D plans just as they already do from other insurers. Veterans will maintain the same plan choices they already have. Access to care at the VA will remain the same. They will not be subject to additional prior authorization barriers, copayments, or other challenges that a Medicare Advantage plan might try to impose beyond the restrictions that the Veterans Administration already has.

I appreciate your consideration and hope you will be able to schedule a markup so that we can work together to improve veterans' healthcare and save taxpayers $10 billion each year. Thank you so much.

The CHAIRMAN. That would help, would not it? Turn on the microphone. Thank you again.

I would like to welcome our first panel to the table. Testifying before us today we have our first witness is Mr. Ed Edmundson, father and caregiver to a catastrophically disabled Army veteran, Sergeant Eric Edmundson. I want to also say a special welcome to Eric, who is here with us and the whole family is here with us today.

Our second witness is Sharri Briley, surviving spouse of the Chief Warrant Officer 3 Donovan "Bull" Briley, testifying in her personal capacity.

Our third witness is Mr. Tom Wheaton, national treasurer at Paralyzed Veterans of America.

Our fourth witness is Brian Miller, a nonresident fellow at American Enterprise Institute.

Our final witness is Ms. Kristina Keenan, national legislative service director at Veterans of Foreign Wars of the U.S.

I ask all those witnesses that can please stand and all raise your right hand, please.

[Witnesses sworn.]

The CHAIRMAN. Thank you. You may be seated and let the record reflect that witnesses answered in the affirmative.

Mr. Edmundson, I now recognize you for 5 minutes for your testimony.

STATEMENT OF EDGAR EDMUNDSON

Mr. EDMUNDSON. Chairman Bost, Ranking Member Takano, members of the committee, thank you for giving me a few minutes of your time today.

Time is something that we all talk about, but very few of us truly understand until life forces do. For my family that moment came on October 2, 2005, the day my son, Sergeant Eric Edmundson, was nearly killed in Iraq when his Striker was hit by an Improvised Explosive Device (IED). In one breath our lives were split into before and after.

Eric suffered many injuries, but the one that changed everything was the loss of oxygen to his brain. It took away his ability to speak, to walk, to live independently. It took away the future he had dreamed about. It placed our family on a path of 24-hour care that has now lasted for 20 years. I will never forget the sight of him at Walter Reed, 25 years old, hooked up to machines, his hands lying still in the bed. Just a month earlier, those hands had held his newborn daughter.

In those early days after injury, doctors informed us that time was Eric's enemy. I remember standing over him and begging time to give us a chance. Give him time to heal. Give us time to learn how to care for him. Give us time to build a life around injuries no parent imagines for their child. Twenty years later, Eric is still battling with time.

We now know exactly what it takes to succeed sustain a severely injured veteran: not luxuries, but life itself, basics, the basics of dignity. It means caregivers who truly understand his needs and know how to care and know how to take—keep him safe. It means a home that will not injure him, one that is adapted to support his independence now and as his needs change. It means transportation that keeps him connected to the world beyond our front door. It means adaptive equipment that provides comfort, mobility, and a way to communicate. It means opportunities and the support required to stay engaged with his community. It means respite care so the people who love him most do not collapse under the weight of constant vigilance.

This bill recognizes something families like mine have known for a long time: catastrophic injuries do not get easier with age. They get harder. The original support well appreciated was never designed for 20 years of round-the-clock care.

There is another truth time forces a family like mine to face: 1 day the injuries win. When a severely injured veteran passes away, the world may move on, but the family does not. The home we built around the injury, the equipment we needed, the debt, the medical costs, the financial strain of years of caregiving, those remain. That is why the proposed increase in Dependency Indemnity Compensation is not a small adjustment. It is a lifeline to protect the surviving families who gave everything year after year alongside their veterans. It allows them to keep a roof over their head, maintain the accessible home they relied on, to avoid falling into hardship after a lifetime of sacrifice. Increasing DIC honors the veteran's

service by protecting the loved ones who stood by them through the worst days of their lives.

Today my son is 45. He cannot speak for himself anymore, so I am here to speak for him. I am asking you to work together now to find a mechanism to ensure that the time he has and the time all severely injured veterans have is filled with the care and support they earned. Thank you for listening and thank you for recognizing what this truly means to the families who live it every single day because time is the one thing we cannot afford to lose.

[THE PREPARED STATEMENT OF EDGAR EDMUNDSON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Edmundson. Thank you for being the voice. Mr. Edmundson's statement will be entered into the hearing record.

Ms. Briley, I now recognize you for 5 minutes.

STATEMENT OF SHARRI BRILEY

Ms. BRILEY. Chairman Bost, Ranking Member Takano, and members of the committee, thank you for the opportunity to come before you today to speak in support of the Sharri Briley and Eric Edmundson Veterans Benefit Expansion Act. I am Sharri Briley, the proud surviving spouse of Chief Warrant Officer 3 Donovan Lee Brawley, also known as his call sign, Bull.

Donovan was a Special Operations Black Hawk pilot and he was larger than life. He was born an aviator, brave, daring, and deeply devoted to his family. On one of our first dates he took me to was a college event. In the middle of our date he disappeared. The next thing I knew I looked up and I saw him rappelling head first down the building of a school building—down the side of the school building. I remember thinking to myself, who is this guy? Then of all things, we were married just 10 months later.

Five years later, our daughter Jordan came along. Donovan was the dad who made every moment special. When she was little, Donovan would get home late from work and sing old hymns and patriotic songs with her until she fell asleep. He grew up singing in a choir and would constantly surprise me by crooning old Elvis songs to me. He loved reading to Jordan using all the different character voices. He taught her to ride a bike. One Christmas when he was outside her window in the cold, jingling bells so that she thought Santa was arriving. Those are the memories that mean the most, for far more than medals or ceremonies ever could.

On 3 October 1993, Donovan was killed in Mogadishu, Somalia, when his helicopter was struck by a rocket-propelled grenade during Operation Gothic Serpent. His courage and his sacrifice and those of his comrades were more commonly known as Black Hawk Down. For Jordan and me, it was not a movie. It was our life and it still is, 32 years later. This month, December 28th, would have been our 42d wedding anniversary.

A few years after Donovan's death, I made it my mission to make sure families like mine are never forgotten and that the Nation that ask our loved ones to serve keeps its promise to care for those of us who are left behind. This legislation is deeply personal to me, and not because my name is on it, but because it acknowledges

that survivors deserve more than words of sympathy. We deserve tangible support.

For surviving spouses this bill would finally raise Dependency and Indemnity Compensation, DIC, by 1 percent each year for 5 years, in addition to the standard cost of living adjustment. Right now DIC pays $1,653 per month, an amount that has not been meaningfully increased since 1993. Over 500,000 surviving spouses rely on this benefit, yet it has remained essentially stagnant for more than 30 years, even as the cost of housing, food, and childcare has continued to climb. A modest but consistent increase is a step in the right direction. It could help families manage groceries and medical expenses. Most importantly, it would signal that our government acknowledges and honors the ongoing sacrifices surviving spouses live with every day.

October marked 32 years since Donovan's death. When I think of him I remember his laughter, his music, and the way he loved his family. I cannot change the fact that he did not come home. You, the members of this committee, have the ability to change what comes next for the families who live this reality every single day. As you consider this bill, I hope you will not only think about the numbers or the policy language, but about the families and the stories behind them.

As a military spouse, we serve, too. The military becomes our family. There is shared duty and shared sacrifice. Servicemembers take care of each other in a way that goes far beyond obligation. They check on one another. They carry each other through fear and uncertainty, and they stand ready to step in before anyone even has—has even had a chance to ask. It is an unspoken promise, no one left behind.

To this day, the men who served with my husband, Donovan, they still check on me and my daughter. I am very grateful for the friendship and the love that they have for us. As a surviving spouse, we learn quickly that our strength does not come from individual resilience, but from the trust we place in those who stand beside us. Families like mine have waited far too long, and this bill is our opportunity to finally act, to finally show that those who serve and those who stand beside them are valued, recognized, and supported. We will never stop fighting to increase DIC for parity with other Federal survivor programs.

However, we believe it would be a betrayal to let this important first step, the first in years, pass us without lending our voices and elevating this issue to the critical position it deserves. We thank the committee for its willingness and the commitment to act now. We stand ready to continue the fight for the thousands of survivors whose lives will be better as a result.

Thank you for your time, your compassion, and your dedication to upholding America's promise to its heroes and the loved ones they leave behind.

[THE PREPARED STATEMENT OF SHARRI BRILEY APPEARS IN THE APPENDIX]

The CHAIRMAN. The written statement of Ms. Briley will be entered into the hearing record.

Mr. Wheaton, I now recognize you for 5 minutes for your testimony.

STATEMENT OF TOM WHEATON

Mr. WHEATON. Chairman, thank you, and Ranking Member. I appreciate the opportunity to speak with you today on behalf of the Paralyzed Veterans of America about the importance of VA benefits to veterans with spinal cord injuries and disorders, their families, and survivors. My written statement covers both bills being discussed today. In the interest of time, I want to focus my comments on the one that has the greatest potential to directly affect our members.

PVA strongly supports the provisions of the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act that would increase the rates of SMC for the most severely disabled veterans and DIC for their surviving family members. PVA has long been a supporter of raising baseline rates for these crucial benefits.

Mr. Chairman, SMC is arguably the most important ancillary benefit for veterans with catastrophic disabilities, and the benefit is unique in that it is designed to address factors such as the profoundness of the disability, personal inconvenience, and social inadaptability. Even with additional financial support, many of our most severely disabled veterans are still struggling. They often spend more on daily home-based care and other disability-related needs than they receive in SMC, which creates a tremendous financial strain on them. Eventually, some are forced to opt for care in an institutional setting, which is even more costly to the taxpayer.

I have found that living with a spinal cord injury creates costs that most other individuals do not typically have to face. Running into a wall or doorframe with my wheelchair is a little more damaging than bumping it with your arm or leg. Repairs to drywall and doorframes are just one example of the cost of being disabled.

Also, clothing wears out faster as every point of contact between myself and my chair causes rips and worn spots. Plus, the need for adaptive and tailored clothes means that VA clothing allowance runs out quickly. Traveling is also more expensive. Many wheelchair people—many wheelchair users pay more in travel in first class on airplanes as the difficulty of getting on and off the aircraft is just too much due to their physical limitations. Then when we get to our destinations we might find that the adaptive hotel rooms only have one bed, so if a veteran has a caregiver traveling with them, they might need to rent two rooms instead of one.

Simply completing basic tasks required of home ownership often triggers additional costs to those with a significant disability. Cleaning the house, mowing the lawn, general care of the property, even changing a light bulb, and many other things other people take for granted result in an additional cost for us because we often have to pay someone to do it. SMC is intended to assist veterans with higher costs of living that disabled veterans experience, but its baseline rates have not been raised for decades, so it is not helping veterans as much as it did when it was established.

We are pleased to support the provision in this bill that would increase the rates of SMC, R1, R2, and T. We look forward to this increase becoming law.

Mr. Chairman, my family has allowed me to live a full life. They have spent their lives caring for me and helping me enjoy mine. When I am gone, the amount that will be provided to my spouse

will fall well short of what is needed to ensure my family's financial security. That is not the life I want to leave for them. They have served their Nation in their own way and deserve better than to be left impoverished once I am gone. Because of this, I have scrimped and saved where I can to buildup a tiny amount so that I have something to leave them. This is not right.

I pay close attention to the efforts to increase DIC because I know any increase in that benefit is an increase in my family's future well-being. DIC is intended to protect the livelihood of survivors after the death of their loved one and more must be done to ensure this promise is kept.

PVA supports this bill's plan to increase DIC's base amount by 1 percent every year for 5 years. This would be the most significant increase in survivor benefits in years and to my family and many others, it would offer a ray of hope.

Thank you again for inviting me to share my story on behalf of my fellow PVA members. I look forward to answering questions.

[THE PREPARED STATEMENT OF TOM WHEATON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Wheaton. The written statement of Mr. Wheaton will be entered into the hearing record.

Dr. Miller, I now recognize you for 5 minutes for your opening testimony.

STATEMENT OF BRIAN MILLER

Dr. MILLER. Chairman Bost, Ranking Member Takano, and distinguished members of the Committee on Veterans' Affairs, thank you for allowing me to join you and share my views on VA-Medicare benefits coordination.

I am a practicing physician and last week I worked in the hospital. I recognize that benefits coordination is just as important as care coordination. Today I am here in my personal capacity and my views do not represent those of the Johns Hopkins University, the American Enterprise Institute, or the Medicare Payment Advisory Commission on which I serve.

I have three points to share with you today. First, veterans should be able to access all of their earned benefits. This means their veterans' health benefits and their Medicare benefits together. Today they cannot, and that is just wrong. Veterans have access to two programs, and despite their complex health needs, veterans are forced to choose between two options. Together, the VA and Medicare could more fully meet their needs if we improve benefits coordination.

If you work and earn Medicare benefits and you serve and earn veterans' health benefits, you cannot access them and use them together to pay for your care. Compared to other Americans, veterans have not received the same respect and investment from health policy and improving access to benefits.

In contrast, the Medicare's program interfaced with other health benefits markets has received a lot of attention. For example, TRICARE for Life serves as a Medigap plan, allowing TRICARE enrollees to fully access their Medicare and TRICARE benefits together. Unions and large employers have group MA plans so that union retirees can fully access and use their Medicare benefits and

union retiree healthcare benefits together. , Congress has created these coordination mechanisms over 20 years ago.

Second, H.R. 4077, the GUARD Act, is not the right answer to the problem of duplicative payment across the VA and Medicare, nor is it the solution for the lack of benefits coordination. Instead it transfers costs from the VA to Medicare. Policymakers are right to be concerned about duplicative payment in the VA and Medicare programs. In fact, this has been an issue for both formulations of Medicare, both fee-for-service Medicare and Medicare Advantage for years, with Government Accountability Office reports as far back as 1979, before I was born, denoting the lack of benefits coordination resulting in duplicative payment. I would note that Medicare Advantage did not exist in 1979.

A decade after the most recent GAO report we have yet to fully execute on the GAO's short-term recommendations to help solve this problem, specifically implementing permanent data sharing between the VA and Centers for Medicare and Medicaid Services (CMS) to promote coordination across the VA and Medicare. We also have other near-term solutions to address the challenge on the MA side that has not been fully explored, such as the VA U.S. Department of Defense (DOD) adjuster, which modifies the MA benchmarks to account for VA spending, rendering such statutory change unnecessary. Yet this legislation points out the challenge of benefits coordination, an issue from the perspective of the VA in both the Medicare Advantage and fee-for-service Medicare arenas. While U.S. Department of Health and Human Resources (HHS) Secretary Kennedy has used this language in other policy arenas, his lessons here are applicable, as solving this problem requires long term solutions to address root causes.

Third, here is what we could do in the near term and long term. In the near term, we should fully execute on what is already been recommended. We should implement a permanent data-sharing agreement between the VA and CMS and promote the long-term creation of technical and operational data sharing for enrollment, utilization, diagnosis, and other data and necessary information to avoid duplicative payment. We should also review and modify the VA DOD adjuster for MA plans as appropriate, while also ensuring that CMS implements prepayment claims editing and fee-for-service Medicare to avoid duplicative payment there, too.

In the long term, we actually need to address the root cause. If you are a veteran, you should be able to access all of your fully earned benefits and use them together. You cannot. What we could do, one, create coordination offices at the VA and CMS using the model of the Medicare-Medicaid Coordination Office at CMS, which was actually created as part of the Affordable Care Act, and task the VA Community Care Office on the VA side. We can also create a Veterans Health Benefits Marketplace with an annual enrollment period aligned with Medicare enrollment and then apply lessons from TRICARE for Life and the Union Group Medicare Advantage Retiree Health Plans and authorize these sorts of programs on a 5-year cycle to ensure that veterans can fully access their earned VA benefits and Medicare benefits simultaneously. These programs could ensure that the VA health system forever remains the center of the veteran's care.

There are more details in my submitted written testimony and I look forward to your questions. Thank you.

[THE PREPARED STATEMENT OF BRIAN MILLER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Dr. Miller. The written statement of Dr. Miller will be entered into the hearing record.

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

STATEMENT OF KRISTINA KEENAN

Ms. KEENAN. 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 and its Auxiliary, thank you for the opportunity to prevent the VFW—to present the VFW's views on pending legislation. The VFW supports H.R. 4077, the GUARD Veterans' Health Care Act, to allow VA to recover costs from Medicare Advantage and Medicare Part D plans, closing the taxpayer cost duplication loophole that results in payments for care that those plans do not provide. This would strengthen VA's financial stability. Our support is backed by VFW Resolution 603, which affirms the organization's commitment to ensuring VA can collect appropriate medical reimbursements. The VFW stresses the need for careful implementation of this legislation and strong oversight to avoid administrative burdens or improper copay increases imposed by these insurers on veterans.

Turning to H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025. While the VFW appreciates the committee's focus on strengthening the benefits included, we are very concerned about how this legislation will be financed through expanding the VA Home Loan funding fee. The VA Home Loan program has been one of the most impactful benefits ever created for veterans since World War II. It has helped veterans achieve stable, long-term homeownership.

Through the 80-year history of the program disabled veterans have always been exempt from the funding fee. They earned that exemption through their service and their injuries. H.R. 6047 would break that longstanding promise by opposing a funding fee on veterans with a VA disability rating of 70 percent or below on their second and future uses of the loan. That is not a minor adjustment. It makes home purchases more expensive and is a fundamental shift in how we treat disabled veterans. In accordance with VFW's Resolution 601, the VFW opposes reducing benefits of one group of veterans to expand those of another.

The VFW recently testified at a hearing, a Senate hearing, and participated in House roundtables in response to numerous articles by the Washington Post that have claimed that veterans' benefits are too generous. We wholeheartedly disagree and urge our leaders to honor the contract. When we joined the military, we entered into a service contract that obligated us to face dangerous conditions and to train and deploy whenever and wherever required. That contract also obligates the Federal Government to provide benefits to veterans when they get out. For generations, these benefits have been viewed as earned rights, not financial levers to be manipulated by offsets.

This proposal creates a designation where some disabled veterans deserve to pay and others do not. The VFW rejects the entire premise of that debate. Disabled veterans have already paid in service, injury, and hardship. They should not be asked to pay again through fees.

If Congress decides to reduce this benefit, what stops future Congresses from going even further? Would VA charge fees to file claims or to access voc rehab? Why target disabled veterans for this offset at all? Congress has other options available, options that do not place the burden on disabled veterans.

Regarding the Dependency and Indemnity Compensation portion of the bill, it includes a small increase, but it is nowhere near the level the VFW has been advocating. Survivors currently receive only 43 percent of what a totally disabled veteran receives, compared to the 55 percent in other Federal survivor programs. Under this proposal, survivors would only see a 2 percent increase over 5 years, far short of the 55 percent parity the VFW has supported.

The VFW wants to see increases in support for the most severely disabled veterans and we want to see survivor benefits strengthened. The people in this room, on this panel deserve that. We agree that these are long overdue. If this committee finds a different way to pay for these, the VFW would be proud to support it. We cannot endorse a precedent that makes disabled veterans pay and fundamentally changes how veteran benefits are valued, accessed, and protected. Honor the contract, protect the integrity of the VA Home Loan program, and protect the benefits that veterans have earned.

Chairman Bost, Ranking Member Takano, this concludes my remarks. I am prepared to answer any questions you or the members of the committee may have.

[THE PREPARED STATEMENT OF KRISTINA KEENAN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Ms. Keenan. The written statement of Ms. Keenan will be entered into the hearing record.

We will now turn to questions, and I yield to myself for 5 minutes as soon as I can get down to my questions.

Mr. Edmundson, what do you say to those who are unwilling to support this bill because they believe it should be done by another Congress? To put it more simply, why should we address the issue now?

Mr. EDMUNDSON. For one reason or another, this issue has been bypassed. It is very important for Eric and the hundreds of other veterans like him to get this bill passed to ensure that there—as they—Eric improves that things that he needs are there in place for him as he gets better and moves on with life. Eric has earned the right to support his family. He—Eric has earned that right. I am sorry. This bill would ensure that Eric and the other hundreds of thousands of veterans like him will be able to move forward in the future, in the present, help his caregivers who are with him 24/7. All the veterans have caregivers. It is just very, I apologize, it is very important.

The CHAIRMAN. Thank you.

Ms. Briley, can you speak more about the experience of the aftermath of losing your husband and raising your daughter with the help of DIC benefits?

Ms. BRILEY. Thank you, Chairman. We have struggled. I have held part-time jobs. I wanted to be there for my daughter during her school-age years and DIC just was not enough. We, through my family and other—my church, I was allowed to work as my—the financial secretary's assistant and just offered part-time jobs just to make up for the loss of—I mean, my husband when he died, three-fourths of his salary was cut. That is just not enough to sustain a healthy living or a lifestyle.

The CHAIRMAN. Thank you.

Ms. Keenan, and I know you know the answer to this, but I want to get it on the record, do you understand that the law, Congress is required to have offsets increasing in mandatory spending?

Ms. KEENAN. Yes.

The CHAIRMAN. I understand we have concerns about the offset that we are looking at and what is being proposed. What additional offsets do you have proposed?

Ms. KEENAN. Thank you for the question, Chairman. We are absolutely open to being at the table discussing directly with you and your team any other options for offsets that do not negatively impact disabled veterans.

The CHAIRMAN. Okay. It is pretty important that everyone that is listening to this and know and understand that we have been asking for offset from the other side of the aisle to help with us since August. Since August. We understand that they put in a proposed bill, but they did that 2 weeks ago.

This is not a game. The statement that was made earlier about "The Crying Games," which I am not familiar with that movie, maybe it is an age thing, I do not know, but I pretty well understand what was involved in the movie and that was pitting one against the other. No one wants to pit our veterans against our veterans. We do not. We need to quit playing—we need to be bipartisan in how we achieve what desperately needs to be done on this side of the issue with our veterans that truly are the most severely disabled. I am more than willing to hear and understand, but it is not going to be when we continue to waste time while waiting for somebody else to come up with an answer.

Let me tell you all this real quickly on my short time that I have left, too. The numbers that were put back here were not accurate. Now, anyone that has to pay, there is a concern and I know that the VFW does have that concern, but that was the numbers of everyone that uses a home loan, not everybody that seeks a second home loan. Okay? We will look and we will try to find out what the answer is going to be.

I appreciate everyone for being here, and I now recognize Ranking Member for his questions.

Mr. TAKANO. Well, Mr. Chairman, you are responsible for moving legislation out of this committee and you have the habit of trying to put the responsibility on veterans service organizations and us in the minority every time we disagree with your proposals to cut one set of veterans benefits to pay for another, one set of disabled veterans benefits to pay for another group of veterans. I am more than willing to have a conversation about offsets. It is odd to me that your go-to money raiser is to tax disabled veterans in order to pay for the benefits of another group of veterans.

I would be happy to deliver a better bill that fully addresses the DIC disparity without taking a benefit from disabled veterans or charging them a tax to use their own earned benefits, just like I did with the PACT Act. You will recall that is what we did.

Can you tell me who is saying that we should wait? I do not want to wait. I want to get this done this Congress.

The CHAIRMAN. Yes, I will be glad to answer that question if you will yield.

Mr. TAKANO. I will yield.

The CHAIRMAN. We had conversations with people who have met with your side of the aisle and one particular person was told just wait till the next Congress, just wait till the next Congress. I think since 1993, we have waited for enough Congresses and we need to find the response now. We have waited from your side of the aisle since August.

Mr. TAKANO. Reclaiming my time, Mr. Chairman.

The CHAIRMAN. Time is reclaimed.

Mr. TAKANO. I have cited two other bills that are far more generous than the benefits that we would offer both groups of severely disabled veterans. You have not brought those bills to this committee. I am not willing to wait. I want to get this done now. You are bringing a bill before us today that does a fraction of what those other two bills do and you know it.

I would like to just now get to my questions. I would like to say to Mr. Edmundson and Ms. Briley that I deeply appreciate your being here and your continued advocacy on behalf of veterans and survivors. I will reiterate what I said to you in my office yesterday. I never said to either—to Mr. Edmundson that I want you to wait and that we can wait till next Congress. I hear you loud and clear, both of you, that we need to get your benefits enhanced now.

Frankly, Ms. Briley, I am not happy that these benefits are temporary. Are temporary. They are a fraction of what they should be. We have—I have signed on to bills that would more fully close that gap. I will not let politics or self-righteous imposed offset rules get in the way.

Now, Ms. Keenan, I believe that the increases in SMC and DIC are very much needed. In fact, especially with DIC, I think the increases should be even greater. Does VFW agree that these increases are warranted?

Ms. KEENAN. Yes, we do.

Mr. TAKANO. In fact, in your conversations, is there anyone you know who does not want to see catastrophically injured veterans and survivors receive more money?

Ms. KEENAN. No.

Mr. TAKANO. Well, thank you for that. I think there is universal agreement that SMC and DIC are long overdue for increases. We all want to see those benefits increase. The policy disagreements come when we are presented with the minor increases in benefits and ask other disabled veterans to pay for them. Personally, I do not think veterans benefits should have to be paid for by cuts from anywhere else at all. We made a promise to those who volunteered to serve that we would take care of them when their services were done.

There is another way to address the cost of this bill aside from cutting veterans' benefits. The majority could ask for a waiver of House rules. They could ask other committees for help. They could use the committee's existing offsets. Yet they chose this.

I have been trying to find an alternative way to pay for these increases and maybe even expand them even more. The idea I have landed on is the transferability of the home loan benefit. That is a veteran who has not used their VA home loan could transfer it to a dependent and, in some cases, descendants. I have asked this language to be drafted and we should have—and we should have it before the markup in the next few days. We would VFW support a concept like transferability?

Ms. KEENAN. Thank you for the question. The VFW has a current resolution passed at our national convention to support the transferability of the home loan benefit, particularly to descendants of veterans who were unable to use the Home Loan Program while they were alive. It is something that we would definitely take a look at and likely support.

Mr. TAKANO. Mr. Chairman, I would submit, you know, the majority pushed through a reconciliation bill that made hundreds of billions of dollars, trillions of dollars in tax cuts permanent to billionaires and the richest corporations of America. Yet we are quibbling over whether or not we can afford this DIC and SMC increase. That does not sit square with me. We can find a way to do this without taxing disabled veterans.

Thank you, and I yield back.

The CHAIRMAN. The gentlemen yields back.

General Bergman, you are recognized for 5 minutes.

Mr. BERGMAN. Thank you, Mr. Chairman, and thank you to all of our witnesses. You have all been very articulate, passionate, and I did not see emotion. I saw the passion for what you have been through, how you deal with it on a daily basis. I share that passion with you completely. Just know we may have different ideas about how things should be done here, but I believe deep down all of the members of this committee are committed to doing the right thing for all of you going forward. Okay?

I would like to use my time to focus a bit on H.R. 4077, the GUARD Veterans' Health Care Act. I believe the intent here is good, aiming to allow VA to recoup costs for care delivered to veterans who are dually enrolled in VA and insurance through Medicare Advantage. I am concerned that the bill may address the problem on the back end by billing Medicare after care is already delivered rather than addressing the front-end issues that actually create potentially duplicative costs. The right hand does not know what the left hand is doing, so let us kind of sequence them in a way that minimizes that. In doing so, that the way it is being done now, it could unintentionally shift billions into new of new expenses onto Medicare, raising costs for all seniors and potentially worsening care coordination for the very veterans that we are trying to help.

Dr. Miller, given that nearly all veterans over 65 are enrolled in Medicare, could allowing VA to bill Medicare Advantage for virtually all care, including care that Medicare Advantage plans currently adjust for, could that shift financial burdens onto Medicare?

Dr. MILLER. Absolutely, and it does not help the veteran.

Mr. BERGMAN. Okay. What would happen to Medicare Advantage, the premiums, benefits, and networks, if plans were required to absorb these added costs?

Dr. MILLER. It would result in higher premiums, decreased supplemental benefits, and narrower networks for all seniors.

Mr. BERGMAN. Okay. Dr. Miller, does H.R. 4077 actually reduce overall Federal spending or does it simply just move billions in VA costs onto mandatory Medicare spending, ultimately worsening Medicare's fiscal situation?

Dr. MILLER. That is exactly what it does.

Mr. BERGMAN. Okay. Dr. Miller, if the stated problem is plan overpayments for veterans enrolled in Medicare Advantage, is not it true that CMS already adjusts benchmarks to account for that?

Dr. MILLER. That is correct. That was part of the 2003 Medicare Modernization Act.

Mr. BERGMAN. Okay. Could VA and CMS take administrative action to address any remaining concerns?

Dr. MILLER. Absolutely. No statutory change is required.

Mr. BERGMAN. Okay. That is within their power. Okay.

Ms. Keenan, by the way, as a father and grandfather, congratulations. I am excited for you. We just had the newest addition to our team. Our deputy chief is a new mom as of about a month ago. I have got pictures literally from 2 minutes ago of this new little bundle of joy, so congratulations. Send pictures when the time is right. Okay?

Now, on a serious note, would VFW support legislation aimed at strengthening front end coordination between VA and Medicare Advantage, such as date sharing, better care integration, et cetera, rather than only after care is provided to a veteran? Can we get this going on the front end?

Ms. KEENAN. Thank you for the question. I think that is a great way to look at this. We would be open to having those discussions to make that coordination go more smoothly. We do have a resolution to support the reimbursement process as well, but we are looking for commonsense solutions. Happy to work more with you on some of those options.

Mr. BERGMAN. Thank you. The simple version is let us be proactive rather than reactive. As the old saying goes, when you are in a hole, put the shovel down, quit digging, because the hole gets deeper. Crawl out, take a look at, you know, what is going on out there and figure out a way to do what you are doing.

Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. Representative Dexter.

Ms. DEXTER. Thank you, Mr. Chair. Thank you to our witnesses for being here. Ms. Briley and Mr. Edmundson, thank you for your passionate and very compelling testimony and for your service to our country and caring for your family members. Eric, you cannot imagine what your honored service means to us and what we need to do to take care of you and your family. Thank you.

There is no question that this committee must come together and raise Dependency and Indemnity Compensation and Special Monthly Compensation. Our veteran families deserve care, and we

must honor our commitment, our contract with them and their service and their families.

What you have shared mirrors what I have heard from veterans across my district. It is clear we are not doing enough to ensure disabled veterans, caregivers, and surviving families have what they need to get by, let alone thrive. I fully support increasing these benefits and I am committed to working with my colleagues to make sure that we have a responsible and workable way to pay for them.

However, placing a new fee on disabled veterans who are trying to buy a home to pay for these benefits is not an acceptable solution for the people I represent. If money can be found to give tax breaks to billionaires, we certainly should be able to find the money to honor the service of our disabled veterans.

In Hood River, a rural county in my district, the median home price is now more than $800,000. Under the current proposal in H.R. 6047, a disabled veteran would face a funding fee of more than $26,000. Twenty-six thousand dollars. As Mr. Wheaton noted, veterans with disabilities face higher daily costs for everything from travel to home repairs to clothing. Are we really prepared to add another major expense to their household budgets? If a veteran cannot pay that 26,000 up front and it is rolled into their mortgage, the interest brings the total estimated cost to $162 more each month. That is $162 less for groceries, medication, and basic needs. For someone living on a fixed income, that is a serious strain.

Mr. Keenan, can you speak to what this new fee would mean for veterans day to day and what it would mean for their long-term financial stability? Sorry I said "Mr." and I am looking at Mr. Wheaton and said Mr. Keenan, I am so sorry. It is for Ms. Keenan.

Ms. KEENAN. No problem. Imposing this fee on disabled veterans makes home ownership less affordable. You gave some statistics. The average VA home loan would give at least 13 to $15,000 more on the cost of their home. That is across the board, 2025 numbers from the VA. As you said, even if this gets rolled into the loan itself, it will take them several years longer just to break that equity break-even point to where it would make sense for them to sell their home in the future.

It is a significant shift in the benefit. It is a reduction of the benefit for disabled veterans. It is very concerning that we would even look at that as a way to finance other legislation.

Ms. DEXTER. I absolutely agree. There are clearly other ways that we can responsibly pay for these long overdue increases.

Ranking Member Takano has been developing a proposal that would allow loan transference to dependents, potentially widening the loan pool and supporting intergenerational living. Ms. Keenan, can you speak to what it would mean for a veteran to transfer their loan to a dependent and how that could support intergenerational wealth-building and more stable living arrangements?

Ms. KEENAN. I will give the example of my own mother. She was a Vietnam era veteran and as a woman did not even know while she was alive that she was entitled to the home loan benefit and a variety of other benefits. Women were not really looked at as real veterans at that time, and she struggled a lot in life and that home loan could have given her some stability, especially after she got

in the military and was a single mother. These have real life generational impacts. I, as a veteran, because I served, I used the VA home loan, but this was decades after her period of service and after she was actually alive.

We strongly support transferability to right some of these historic wrongs. The folks that would use this are not disabled veterans. They would pay the funding fee and, in fact, strengthen the program over time.

Ms. DEXTER. Thank you. I just also want to quickly voice my support for the GUARD Veterans' Health Care Act. As a physician who has cared for patients for over 20 years, I am laser-focused on transformation of our healthcare system that recenters patients, not consolidated corporate power, and puts physicians who know how to serve their patients back in the driver's seat. Our veterans deserve to receive accessible, high-quality care and their benefits are meant to cover the services they receive, not to drive further profit for for-profit companies. We have to get serious about fixing the inefficiencies that lead to these overpayments. If we do not, we will continue to drain VA of the resources it needs to improve and expand care for those who have served this country.

I take your points, Dr. Miller, about the need for improved data collection and care coordination, and do not disagree. Those reforms alone are not enough to fix what is broken here.

I want to thank Dr. Murphy on the other side of the aisle for his leadership on this bill. I hope there are ways we can continue to work together in a bipartisan manner to fortify the VA system and do right by our patients.

Thank you so much, Mr. Chair. I yield back.

The CHAIRMAN. The gentlewoman yields back.

Representative King-Hinds, your recognized.

Mr. EDMUNDSON. Chairman Bost. Chairman Bost. I apologize. May I have a moment to address something that the ranking member brought up earlier?

The CHAIRMAN. It is not common to be recognized from the—when we are in the questions, but I will grant you that.

Mr. EDMUNDSON. Thank you, sir.

The CHAIRMAN. Okay. Yes, I will grant you that with leave of the ranking member.

Mr. EDMUNDSON. The ranking member brought up more money. I appreciate that. I am all for it. Bring it on. We can sit here and take the easy road and come up with a number of reasons why not to pass this bill today. The mechanism that needs to be developed to ensure the offset is not the veteran's problem, it is this committee's problem. We can come up with a number of reasons to not pass this. This needs to be passed.

If you are wanting to add more money to this bill, add it, but do it at a later date. I am all for that. This committee needs to come together in a bipartisan way and come up with a mechanism to get this bill passed. It has been ignored for too long.

The CHAIRMAN. Thank you.

Mr. EDMUNDSON. Thank you, sir.

The CHAIRMAN. Representative King-Hinds, you are recognized for 5 minutes.

Ms. KING-HINDS. Chairman Bost, Ranking Member Takano, colleagues, thank you for the opportunity to speak today on two pieces of legislation.

I had prepared remarks, but I was sitting here listening to the debate and it reminded me of a visit that I made while I was home to a Marine veteran, Ambrosio Ogumoro. He is a paraplegic, served his country, and as I was driving to his house, he built a flagpole and there is a flagpole waving there, right? You get into his house, it is his wife and daughter who is now taking care of him.

I am sitting here, Mr. Edmundson, I am seeing the frustration on your face with regards to the manner in which we are debating this issue. I have to say this honestly. I come from a district where we have nothing. No full service VA facility, no nearby specialized care, no easy access to benefits that veterans here take for granted. When I hear these arguments about preserving a waiver for a second home loan, it feels like we are having a First World conversation while my district and the veterans who live there is living in a nonworld reality, right? We are not talking about whether someone can get a break on their second mortgage. We are talking about surviving spouses like Mrs. Briley who need the support, severely disabled veterans like Eric who need 24-hour care, families who are doing everything alone because the system never reaches them.

Most people in my district, they do not even have a first home. Right? These conversations seem to me like First World arguments. When I see your frustration, I am frustrated because how do I honor your son's service? How do I honor you? How do I honor you, Mrs. Briley, for the service? Right? How do I honor you, Ms. Keenan?

These are tough debates, but they are about priorities. My priority right now is Eric, Ambrosio, who is lying there in his house, paraplegic, does not have a vehicle to get to the hospital, which requires him, you know, a special type of, you know, vehicle. Right?

I just want to say I am sorry, and I also want to say that I support this bill and I hope that my colleagues across the aisle could put the people who really need this help first. I, you know, I want to close by giving you, Mr. Edmundson, the opportunity to maybe just flesh out what your day looks like in terms of providing care for your very own hero.

Mr. EDMUNDSON. Our day is very fulfilled. Everyone in the home wears different hats. My wife and I came together with Stephanie to help with Eric's care. We took our retirement, burned down our debt load, so we could come on board with Stephanie and help take care of Eric. That came with a cost to us. It was a decision that my wife and I made. At the time, it was necessary. Today, it is not.

Eric's care is a 24-hour-a-day task, if you want to call it that. Eric's disabilities, you know, from the day he gets up in the morning till the time he goes to bed, someone is with him at all times, help him with just getting dressed in the morning, helping him brush his teeth, help him eat his food, and to ensure that his life is moving forward in a positive way and in a safe environment.

I cannot express enough that—the importance of getting the bill passed. You know, I am just a father. I am not a—but, you know, Eric and the hundreds like him went to—they put their uniform

on, they did not complain. They went to war, they did not complain. They did what was expected of them, and they did not complain. They came home with catastrophic injuries. The hundreds of veterans that I visited with dealing with those injuries do not complain. They do not complain about the injuries or the way they—whatever happened to them to get those injuries. They did what was expected of them. I think they were—they have earned the right to come here today and ask this committee to do what is expected of them to get this bill passed to help them. Thank you.

The CHAIRMAN. The gentlewoman's time has expired.

Representative Budzinski, you are recognized for 5 minutes.

Mr. BUDZINSKI. Thank you very much, Chairman Bost and to Ranking Member Takano, for convening this hearing, and to each of the witnesses for being here today. I do want to give a special, specific thank you to Mrs. Briley and to Mr. Edmundson for testifying and sharing your very personal, deep stories. A thank you to Eric Edmundson for your service to our country. It is very, very appreciated.

I 1,100 percent support expanding DIC and SMC benefits to help surviving families and the severely disabled veterans, without a question. Clearly, your stories highlight the affordability challenges facing veteran and Gold Star families—who have already sacrificed so much in their daily lives.

What is hard today is I do agree with you, Mr. Edmundson, this committee needs to come together. We do need to find bipartisan solutions. We do have to find a way to pay for this legislation, though, as well. It is really deeply disappointing to me that it feels like a partisan pay-for solution here, to pay for something that is just so desperately needed.

Without a question, I support the increasing of these benefits. The debate that we are having in this committee is the lack of a consensus with Republicans and Democrats coming together on how to pay for this. Why I cannot support the bill is because I cannot allow for those benefits to be paid for on the backs of other disabled veterans. I just personally cannot get past that, even though I completely agree that there is a fierce urgency of now to getting these benefits that are long overdue from getting done today. I share that.

You know, Ms. Keenan pointed out in her testimony the bills pay for would hurt home-buying disabled veterans at a time when housing is historically unaffordable. I do want to address what the majority in this committee has been talking about, the second mortgage. I think it is a mischaracterization of what this is about. This is not about a veteran's lake home not being—you know, receiving a fee or, you know, them trying to prevent themselves from having to pay a fee on a second home. This is about mortgages of primary residences of veterans as well. It is not just really about vacation homes. I think when they talk about second mortgages, it implies that these veterans are people with primary residences just looking to buy a second home. That is a mischaracterization of what this fee that they are trying to impose on disabled veterans is really all about. I just wanted to make that clarification point because a number of my colleagues have made it on the other side.

3.2 million veterans in our Nation have a service-connected disability rating of 70 percent or below. Section 3 of this bill would make veterans pay a funding fee if using the VA Home Loan Program a second or later time, so when they buy another home and they move to another location. These veterans would have to pay an average fee of $13,000 to $17,000 when getting a new VA home loan. That is a big jump in a cost of a mortgage and it is a major policy change for the worse.

I do not think that this committee should be in the business of cutting benefits from for disabled veterans. With a very heavy heart that is what weighs on me as it relates to this bill and why I cannot support it.

I just want to point out as well that we cannot forget the reconciliation package while we are talking about looking for a pay-for. The reconciliation the majority passed last summer, what I refer to as the Big Ugly Bill, cuts taxes for the top 1 percent of earners by $2.3 trillion over the next 10 years. This bill we are looking for a $7 billion pay-for to cover the cost. It also imposes new Supplemental Nutrition Assistance Program (SNAP) work requirements on veterans.

On top of that, the One Big Beautiful Bill Act will let corporations claim some $16 billion in retroactive tax breaks this year. Again, this bill is looking for $7 billion to pay for this, and $362.7 billion over the next 10 years from this one retroactive tax break for corporations. I am at a loss on how we got to this place. How can we fund these giveaways to the wealthiest, but cut home loan benefits for disabled veterans?

With that, I am going to yield back. I do want to say a thank you to those that have participated today and I look forward to working together to hopefully finding alternative pay-fors to get this bill done. Thank you.

The CHAIRMAN. The gentlewoman's time has expired.

Dr. Murphy, you are recognized.

Mr. MURPHY. Thank you, Mr. Chairman. A special thank you to all our witnesses today, especially to Ms. Briley and Mr. Edmundson and Eric. I enjoyed meeting you guys via Zoom. Thank you for your testimony.

I tell you, you know, sometimes in Congress it is always good to get a nice little reminder. We get so damn partisan here sometimes and we split hairs for the sake of splitting hairs. Thank you for the reminder that why we are here, we sometimes need that a nice swift kick in the butt to remember these things that we immediately do not have to have a guttural response just because it is on the other side. I thank you for the reminder.

Thank you for your service, Eric. My heart goes out to you and to the 7,000 other veterans who are severely disabled. My heart goes out to the families that care for them. Just very similar to families that care for those who need long-term care for dementia or any other things, it is oftentimes not only traumatic to the recipient, but also traumatic to the family. Seen that many, many times and I know it is crushing. It is life-changing. It is always a good constant reminder for us for people to come in front of this committee who are not representing special interests, who are just representing themselves, and special folks who have, through no

fault of their own, been injured, traumatized, et cetera, that this is our duty to help.

H.R. 6047 will increase survival benefits for half a million military families on the DIC program as well as Special Monthly Compensation benefits for which Sergeant Edmundson receives financial assistance and 7,000 other military heroes who suffered these tragic injuries. The DIC program has not been increased since 1993. That is unbelievable to believe. Legislation will increase this by 5 percent over the next 5 years. Truth be told, it is a pittance. You guys have changed your lives to be able to do this, as would any parents do, but we should not have to ask this from you. We have to figure out a way to how to pay for this. Not partisan ranting one way or the other. We have to figure out a way to pay for this. That does not do justice to the problem.

I hope, you know, after this testimony we can actually sit down like adults and figure out how to pay for it because the means is easy. The end is what we need to be worrying about. Thank you for your service.

Now I am going to ping poor Dr. Brian Miller, who had to remind us that even as a physician he was born after 1979. Seriously? You know, I mean seriously? You know, I learned more about medicine than you ever even dreamed of by that date, so do not even talk to me about that. Anyway, thanks for the reminder.

Going back to the GUARD Act, I want to ping you on some, you know, hard questions because the devil is always in the details. We always want great things, but the devil is always in the details. Thank you for bringing them up because I think that is important. One thing, again, we do not do enough of, we do not have the time for rather, sometimes we do not do enough of.

Describe to me—I would love to—if you can re-flesh out again the short-term, long-term problems with the legislation. I think we want what to happen to happen. We want coordination. As we have learned with Obamacare, the absolute ridiculousness of bureaucracy that it has created, we do not need to create that same model in the VA.

Dr. MILLER. Simply put, data sharing between the VA and CMS, so that CMS for fee-for-service, Medicare and also for Medicare Advantage, which they can then give to the MA plans, data about what services veterans are using, what diagnoses they have, just as with the VA DOD adjuster for fixing the Medicare Advantage benchmark, do that way MA plans are not overpaid for services that the VA has paid for. With data sharing, you can address duplicative payment for fee-for-service and then also address some of the diagnosis coding, harvesting practices by MA plans because they will not have an incentive to do that because they already have that data, and then that adjustment of the Medicare Advantage benchmark. That way the plan does not get extra money for services that the VA has already paid for.

Mr. MURPHY. Right. All right. Well, thank you. I believe the streamlining approach.

Look, I think MA in its original inception was a good idea. We have had insurance companies that have abused their position of authority and responsibility. We know the big bad offenders who have done this have taken a good program and ruined it. We do

not need to come in and pollute and ruin the VA and benefits and cost the American taxpayer more with less benefits for our veterans.

Thank you, Mr. Chairman. Time is up. Yield back.

The CHAIRMAN. The gentleman yields back.

Dr. Morrison, you are recognized for 5 minutes.

Ms. MORRISON. Thank you, Mr. Chair. Thank you, Ranking Member Takano. Thank you so much to our witnesses for being here today. I especially want to thank you, Ms. Briley, and you, Mr. Edmundson, for your moving testimony. Thank you, Sergeant Edmundson, for your service to our country and your sacrifice.

My husband was deployed to the same theater that yours was, Ms. Briley. I feel your loss really deeply. I recognize how profoundly unfair life can be. I want to thank you all for your immense sacrifice and it is admirable that you are here testifying today for all the others.

I want to start by just taking a moment to talk about a member—another member of my family and one of my personal heroes who served in uniform, my late father-in-law, Bill Willoughby. He was a remarkable man. A proud West Point graduate and Airborne Army Ranger. He served two tours in Vietnam. During his second tour, he was wounded in combat. His elbow was exploded and he lost use of that arm for the rest of his life. He continued to command operations on the battlefield on that fateful day and he received a Silver Star and a Purple Heart for his brave actions. He is certainly a hero in our family.

As we consider the bill before us today, H.R. 6047, I cannot help but think about our obligation on this committee to honor the contract with those who sacrifice so much for our country. The promise we make to them is that when they come home, they will get the care and benefits that we owe them. If you do not come home, we will do everything in our power to take care of their loved ones.

I think most of us here would agree that increases To Special Monthly Compensation, that is SMC, and Dependency and Indemnity Compensation, DIC, are long overdue. When it comes to strengthening survivor benefits specifically, I have proudly worked across the aisle on legislation like Love Lives On. The Love Lives On Act, which would ensure that survivors can still access their benefits if they remarry before age 55, and we need to get that legislation across the finish line.

As we talk about H.R. 6047 today, I have to agree with many of my colleagues that boosting certain benefits at the expense of another pool of benefits is a nonstarter. I would be remiss if I did not mention that my late father-in-law's disability rating was 50 percent. Despite all that he went through and sacrificed in his military service, he would not have met the threshold that our Republican colleagues have set to remain exempt for the home loan fees. We know this would be the case for many others as well.

The last point I want to make before jumping into my questioning is just that it has been said already, but I think it is worth repeating, it is astonishing to me that my Republican colleagues have proposed that we take away certain benefits for disabled veterans as an offset when exactly 6 months ago today they voted to explode the deficit by $4 trillion in the cruelly named One Big

Beautiful Bill. If we can find the money to pay for tax cuts for the wealthiest among us, surely we can find another way to pay for much needed increase in the SMC and DIC benefits.

Ms. Keenan, I want to turn to you. Contrary to President Trump's claim that affordability is a hoax that was started by the Democrats, the cost of living is a top concern for the American people right now, including our veterans. By the way, let us not forget that the President and congressional Republicans just cut $1 trillion in Medicaid and nearly 200,000 billion in food assistance, which 1.6 million and 1.2 million veterans rely on, respectively.

At a time when housing costs are exorbitant and home ownership is becoming increasingly unattainable for far too many Americans, I am concerned by this proposal to chip away at the VA loan program for disabled veterans. The median price of a home in Hennepin County, Minnesota, where I am from, is about $400,000. For a veteran in my district who does not meet the required 80 percent disability rating proposed under H.R. 6047, that is as much as an additional $13,000 coming out of their pocket.

Ms. Keenan, I would argue that it is never a good time to slash benefits for veterans, but can you talk about why this moment in particular is such a harmful time to be restricting the fee waiver for VA home loans?

Ms. KEENAN. Thank you for that question. We often talk a lot about the importance of housing stability for veterans. Any instability when it comes to housing can be an increased risk of veteran suicide. While this is not a compensation benefit for disabilities, it is still a very important benefit for veterans. As housing prices increase, we do not want to see this benefit reduced. Frankly, we cannot support any reduction in earned benefits. We want to see expansions in benefits primarily because cost of living keeps going up. We want to address those without cutting what we have already fought to earn. Thank you.

Ms. MORRISON. Thank you. I see that my time has elapsed, Mr. Chair. I just wanted to make a plea that we find a bipartisan solution so that we can increase these benefits.

The CHAIRMAN. The gentlewoman's time has expired.

Dr. Conaway, you are recognized for 5 minutes.

Mr. CONAWAY. Thank you, Mr. Chairman. Thank you, Ranking Member Takano, for bringing us together. Certainly heartfelt thanks to the witnesses who presented themselves here today.

I cannot imagine. Well, I am a physician and certainly have taken care of people in extremis and have had long discussions with them about how they manage their life, facing such difficult hardships with their health. It is particularly poignant when you understand that you are talking about a veteran who has given so much to our country and what our responsibility is as a Nation to honor that commitment and that service and that sacrifice, not only by the veteran, but by the families who care for them and love them. We should be a grateful Nation for what has been done on our behalf and on behalf of freedom. It is arguable that we have not met that commitment over multiple administrations and for far too long.

We can all agree on this committee that we want to see increases in the Special Monthly Compensation and in the Dependency and

Indemnity Compensation. At a time when the cost of groceries, healthcare, housing has increased significantly, our veterans need and deserve more. I am a veteran myself. I used the VA loan for my own primary residence. I understand how important—I have served on the base locally where I am from, and taken care of veterans for much of my career, and so certainly have understood my parents, my uncles, all certainly also involved, as it turns out, also involved in the military.

It is important that we find ways to increase the compensation without further burdening other veterans. Mr. Edmundson, I appreciate your call that we need to take on our responsibilities and do what we need to do. I agree with that wholeheartedly. I would say to you that is what we are attempting to do here and that we can do this very important responsibility without moving money from a program that supports veterans while we do what we should do for the Special Monthly Compensation, the Dependency and Indemnity Compensation programs. We can do both of those things and we have time to do it.

Hopefully, we can come up with an agreement that will allow us to avoid the very regrettable situation where we are can I say robbing Peter to pay Paul? We should not do that. As has been mentioned repeatedly, we did find ways to offer an enormous tax, and I do not think it is a partisan statement, I think it is a statement of fact, to offer enormous benefits to the wealthiest people in the world and we are burdening future generations with enormous debt while we are doing that and to find a relatively small amount of money. Of course, you could say that here in Washington, I guess we are talking about $7 billion. That is a lot of money to the American people. When you recognize, however, how much money has been spent to enrich the wealthiest people in the world and the generational cost of that, we can do better than that. We can certainly take care of all we need to do in this program without costing other disabled veterans to pay for that program.

Ms. Keenan, disabled veterans have never paid a VA home funding fee. Yet this bill we are taking up today for discussion imposes a funding fee for veterans with a disability rating of up to and including 70 percent. What message would imposing such a fee have on these heroes, these disabled veterans?

Ms. KEENAN. Thank you for the question. The VFW feels very strongly about this. I represent 1.4 million veterans and their families who wholeheartedly believe that veterans' benefits should not be reduced. By making this—even having this discussion makes veterans believe that other benefits could be at risk. Will we see education benefits reduced? Will we see disability benefits reduced? Will we see fees on other things? It is the starting point of a discussion to reduce benefits and we simply do not support that.

Mr. CONAWAY. I will just ask this question. Perhaps we will have time to answer it. This bill does not include a grandfather clause for individuals already serving in the military or veterans who have already utilize the program. Why would a grandfather clause be important for both individuals already in the military and veterans who have already utilized the program once? How costly would it be for a veteran with a disability rating that I have already mentioned, who already has this benefit, to have to pay a

second full funding fee the second time that you utilize the Home Loan Program?

With that, I will end and yield back.

The CHAIRMAN. Thank you. All questions are completed. I want to say thank you to the first panel for being here today. I think it has been an enlightening talk to say the least. Now you are excused from this panel and we want to invite our second panel to come up.

I would like to welcome our second panel today. With us today we have Ms. Margarita Devlin. She is principal deputy secretary to benefit—performing the delegable duties of the undersecretary for benefits for the Department of Veterans Affairs. She is accompanied by Ms. Stephanie Li, assistant director for regulations, legislation, engagement, and training at the Veterans Benefits Administration for the Department of Veterans Affairs; Ms. Heather Ford, acting chief financial officer at the Veterans Health Administration (VHA) for the Department of Veterans Affairs; and Mr. Kevin Johnson, director of revenue operations for the Office of Finances at the Veterans Health Administration for the Department of Veterans Affairs.

I would appreciate you all being here today. If you would, can you please rise and raise your right hand?

[Witnesses sworn.]

The CHAIRMAN. You may be seated. Thank you all and let the record reflect that the witnesses have answered in the affirmative.

Ms. Devlin, you are recognized for 5 minutes for your testimony.

STATEMENT OF MARGARITA DEVLIN

Ms. DEVLIN. Good morning, Chairman Bost, Ranking Member Takano, and members of the committee. Thank you for the opportunity to discuss the impacts of pending legislation. I appreciate the committee's ongoing commitment to improving the lives of our Nation's veterans, their families and survivors. I also want to thank Sergeant Eric Edmundson for his service and sacrifice and the sacrifices of the Briley and Edmundson families. Appreciated their testimonies.

Joining me today from the Veterans Health Administration are Ms. Heather Ford, acting chief financial officer, and Mr. Kevin Johnson, director of revenue operations, Office of Finance, and from the Veterans Benefits Administration, Ms. Stephanie Li, assistant director for regulations, legislation, engagement, and training.

VA supports the intent of Sections 2A and B of the Sharri Briley and Eric Edmundson Veteran Benefits Expansion Act of 2025, and we look forward to working with the Congress to provide additional details and adjustments to the language. Section 2A would increase certain allowances payable under Special Monthly Compensation, or SMC. These SMC allowances provide critical support who—for veterans who, due to severe service-connected disabilities, require regular aid and attendance or who experience significant loss such as blindness or loss of limb.

This bill proposes increasing these rates by $833.33 beginning December 1, 2026, which would bring standard aid in attendance up to approximately $3,702 and the higher level to about $5,108. VA recommends rounding these rates down to the nearest whole

dollar to maintain consistency with the other rates in 38 USC 1114 and to simplify claims processing. VA also recommends building an automatic annual cost of living adjustments, which we call COLA, by amending 38 USC 5312 to align with other Federal entitlement programs and improve efficiencies and ensure more timely adjustments.

Section 2B would authorize automatic annual increases to the basic rates of Dependency and Indemnity Compensation, or DIC, for surviving spouses equal to the Social Security cost of living adjustment plus 1 percentage point for 5 consecutive years. The DIC rates for surviving spouses with dependent children and surviving parents would continue to receive an annual COLA equal to the COLA under Title 2 of the Social Security Act. The additional amounts for surviving spouses who are housebound or in need of aid of attendance would not receive a COLA. As drafted, this exacerbates different COLA treatment across DIC categories.

Section 3 would amend the Home Loan Program to eliminate the current waiver of certain fees for veterans with service-connected disabilities through September 30, 2035. The Department is reviewing this section and looks forward to working with Congress on further refinement.

VA supports the goal of H.R. 4077, Guarantee Utilization of All Reimbursements for Delivery of Veterans' Health Care Act. The objective of this bill is to enhance cost recovery efforts and improve fiscal responsibility across the government. Section 2A stipulates that if VA furnishes any healthcare item or service covered under Medicare or Title 18 of the Social Security Act to persons enrolled in Medicare Advantage plans or Medicare Part D prescription drug plans, the organization or sponsor of these plans would be required to reimburse VA for such items or services. VA supports these efforts.

Under current law, VA is prohibited from billing Medicare Advantage plans resulting in duplicative costs to taxpayers. Current law also prevents VA from recovering costs from any payer for service-connected care. Section 2 would end this practice by requiring private insurers to reimburse VA for the cost of care. Section 3 of the bill would amend cost recovery to enhance and clarify VA's authority to recover reasonable charges for certain care or services furnished to veterans for non-service-connected disabilities from third parties, including private health insurers, employer sponsored plans, automobile insurers, and parties subject to civil liability. VA supports Section 3 of the bill, subject to amendments, including the enhancement of its cost recovery authorities, but recommends technical edits to ensure these provisions have maximum effect.

Mr. Chairman, this concludes my statement. I thank you again for your leadership and for your attention to the needs of our veterans, their families, and survivors. My colleagues and I would be pleased to answer any questions the committee may have.

[THE PREPARED STATEMENT OF MARGARITA DEVLIN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you. The written statement of Ms. Devlin will be entered into the hearing record.

We will now turn to questions and I will recognize myself for 5 minutes.

Ms. Devlin, currently, how many surviving spouses receive DIC payments?

Ms. DEVLIN. Thank you for the question. As of the end of November, we have 12,000 pending claims. I do not have the active—oh, sorry. I do have the active number, 552,505 active.

The CHAIRMAN. Thank you. Do you think the size of the program has made it difficult to increase those payments?

Ms. DEVLIN. Yes, sir.

The CHAIRMAN. Do you believe DIC is at a reasonable rate for helping survivors today?

Ms. DEVLIN. Thank you for that question. I believe after—especially after hearing the testimonies earlier of the panel, it is clear that there are significant expenses for disabled veterans and those expenses and those debts can be passed down. The Department does not have an opinion at this time. We are still analyzing the impacts of the proposed legislation.

The CHAIRMAN. What is the average age of a DIC recipient?

Ms. DEVLIN. The average age, I believe, is over 55, if I remember correctly.

The CHAIRMAN. The administration has, shifting over to something else here, the administration has prioritized survivors. It has moved the Office of Survivors Assistance back into the Office of the Secretary. How do you think this is helping the survivors?

Ms. DEVLIN. Yes, sir. Secretary Collins is very interested in taking care of our survivors and that places the right level of emphasis on that office.

The CHAIRMAN. I think the original agreement, if you were around when that came about a couple administrations ago, was so that they could actually have input close by and their beliefs. I think that is a very good thing.

You heard, obviously, Mr. Edmundson testifying about the cost associated with providing Eric with the most normal life possible. Does not this $10,000 increase help? Would not it help provide to make sure that they were compensated for further—that heavy load burden?

Ms. DEVLIN. We are still analyzing the impacts of the bill.

The CHAIRMAN. Okay.

Ms. DEVLIN. I have no—I can tell you, though, that having been a rehabilitation counselor and working with severely disabled veterans, I do recognize the needs, the extra needs that they have. That comes with a cost for sure.

The CHAIRMAN. Yes. I have no further questions, and I recognize the ranking member.

Mr. TAKANO. Thank you. My Republican colleague seems to be implying that the pay-for, or what I would call a tax, on subsequent home loans for disabled veterans only impacts a small population of the overall veteran population. Ms. Devlin, in your estimate, how many veterans and servicemembers would the newly would be newly subject to the funding fee or tax in this bill?

Ms. DEVLIN. We are still finalizing the numbers on that. I do not have those numbers for you today.

Mr. TAKANO. Thank you. Can you describe who typically uses a subsequent VA home loan and why?

Ms. DEVLIN. I have got Ms. Stephanie Li here who works in our Home Loan Guarantee program. I am going to ask her to elaborate on that.

Mr. TAKANO. Sure.

Ms. LI. Thank you, Ms. Devlin. Subsequent use, what it really means is, it is just the use after your initial use. That could be an Active Duty servicemember who used the benefit and due to a change in duty station, now is being asked to move and is looking to purchase a home.

Mr. TAKANO. It is not about a vacation home.

Ms. LI. No. We have a requirement in statute that veterans certify to their intent to occupy the residence as a home.

Mr. TAKANO. It is actually required by statute?

Ms. LI. Correct.

Mr. TAKANO. It is common for servicemembers or their veteran spouses who face multiple deployments or are forced to move Expiration Term of Service (ETS) to have more than one simultaneous home loan, is not that right?

Ms. LI. I cannot speak to how common it is, but, yes, we do have veterans and Active Duty servicemembers in our program with multiple active guarantee loans.

Mr. TAKANO. There is a really good explanation for why they might have multiple homes, you know, given the nature of how they have to move around.

Ms. LI. Sure. I mean, just servicemembers, like any other individual, oftentimes, you know, change homes.

Mr. TAKANO. Yes. A disabled veteran who is now a military spouse and is forced to move to support their Active Duty spouse could now be subject to a new home loan fee under this legislation?

Ms. LI. For an Active Duty servicemember, most Active Duty servicemembers would not be exempt. We do have exemption for those that have a Purple Heart, but most Active Duty servicemembers, unless they previously served a period——

Mr. TAKANO. A disabled veteran who is now a military spouse.

Ms. LI. Oh, a military spouse, I apologize. Military spouses are—have their own exemption if they are in receipt of Dependency and Indemnity Compensation.

Mr. TAKANO. Depending on their service—their disability rating. Is that right?

Ms. LI. Are you——

Mr. TAKANO. We are talking about the spouse, a military veteran who is a spouse.

Ms. LI. Oh. Yes.

Mr. TAKANO. Yes. I just wanted to clarify.

Ms. Devlin, Secretary Collins has claimed that savings from staff cuts and contract cancellations instigated by Department of Government Efficiency (DOGE) would be used for veterans benefits. Do you know how much these savings amount to?

Ms. DEVLIN. I do not have an exact number for you here.

Mr. TAKANO. There is not an exact number you have?

Ms. DEVLIN. I do not.

Mr. TAKANO. Okay. Could those savings be applied for the bill before us today to increase SMC and DIC benefits?

Ms. DEVLIN. Again, we are still analyzing the impacts and costs for these bills, so I cannot respond to what the exact——

Mr. TAKANO. Even if it is partial. I mean, theoretically, these—so these savings that the Secretary is claiming could be used for this. Right?

Ms. DEVLIN. Any savings that have been achieved, have—will be and have been invested in two programs.

Mr. TAKANO. You are not able to opine on whether or not they are enough to pay this bill. You are still analyzing, is that right?

Ms. DEVLIN. Cannot opine. That is correct.

Mr. TAKANO. Okay. Ms. Devlin, we are focused on survivor benefits programs today. I understand that Chapter 35 education benefits for survivors are in your purview. Is that right?

Ms. DEVLIN. That is correct.

Mr. TAKANO. Seventy-five thousand survivors and veteran families experience months of delays in receiving their VA education payments, impacting their finance and putting them at greater risk of food and housing insecurity. I have been pushing the VA to publicly address the problem, but veterans, their families, their survivors, and Congress have been left in the dark. Nobody in the VA hierarchy between you and the Secretary have responded to my multiple inquiries and letters on the issue. Can you tell me why that is?

Ms. DEVLIN. We are working on responses to your inquiries. I will tell you when we are—we have been working very hard on taking care of those beneficiaries who are receiving Chapter 35 benefits. We have reduced the backlog dramatically. Our average days to complete is currently at 24.7 days for those and our backlog, the average wait time is about 58 days.

Mr. TAKANO. Well, thank you. When will all the beneficiaries in my district and nationwide receive those overdue payments?

Ms. DEVLIN. They have been receiving them already. We are down to the last bit of trying to get through this backlog, which will be resolved, we are estimating, no later than the middle of this month.

Mr. TAKANO. All right. Well, you mentioned that the Department is still analyzing Section 3 of the bill, which would be for the first time—which would for the first time ever make disabled veterans subject to a home loan funding fee or tax. What is the Department's position on the reduction of disability benefits in general? Is that something the Department feels is warranted?

Ms. DEVLIN. We are not considering reduction in disability benefits at this point, no.

Mr. TAKANO. Well, how then would you justify the effort you led to cut presumptions of service connection under the PACT Act, as you did with male breast cancer?

Ms. DEVLIN. The issue—thank you for that question. The issue of male breast cancer is that the previous administration had characterized that condition as a reproductive cancer. The PACT Act specifically calls out reproductive cancers and other cancers, but male breast cancer is not a reproductive cancer. It can be service-

connected and we do provide service-connection disability benefits for male breast cancer.

Mr. TAKANO. Well, at least conceptually, does the Department support cutting one veteran's benefits to pay for another?

Ms. DEVLIN. I do not have a position on that currently.

Mr. TAKANO. Well, can you tell me other presumptions of service connection that the Department is thinking of cutting?

Ms. DEVLIN. I do not have anything to share with you at this moment.

Mr. TAKANO. Well, thank you. I yield back.

The CHAIRMAN. The gentleman's time has expired.

General Bergman, you are recognized.

Mr. BERGMAN. Thank you, Mr. Chairman. Thank you all for what you do every day.

Ms. Devlin, I am just going to focus a few questions right to you. Okay. The Congressional Budget Office estimates that H.R. 4077 would cause VA to collect $10 billion, billion with a B, annually from Medicare Advantage plans for services those plans would otherwise pay to providers other than VA. Is not it true that these VA collections are discretionary and do not reduce Federal mandatory spending while Medicare's costs would rise on the mandatory side?

Ms. DEVLIN. I am going to defer to my VHA colleagues on that question, sir, if you do not mind.

Ms. FORD. Thank you for that question. I am going to ask Mr. Johnson, who is the director of revenue operations.

Mr. BERGMAN. Okay. Yes or no? My time is clicking here. Give me an answer. I do not care who it is.

Mr. JOHNSON. I do not know the answer whether or not it is a discretionary, whether or not it would impact CMS budgets. I think we would have to check with CMS.

Mr. BERGMAN. Well, Okay. Then take it for the record. I would like an answer.

Number two. Okay. Ms. Devlin, if you could just defer to whoever it is right away if it is not your call to make. I just had your name on the top of the list. An unintended consequence of requiring Medicare Advantage plans to reimburse VA could be to discourage plans from enrolling veterans, limiting their healthcare choices. Has VA considered this possibility and how could it negatively, potentially negatively affect veterans? You guys considered that?

Ms. FORD. At this time we are still analyzing the bill and we have not looked at that specific piece.

Mr. BERGMAN. Okay. You are going to consider that as a possibility as you analyze the bill?

Ms. FORD. We can certainly take a look at that.

Mr. BERGMAN. I would appreciate that very much.

Okay, last question. If the goal of H.R. 4077 is to ensure that VA bears responsibility for costs it should appropriately cover, would not improved front end coordination between VA, CMS, and Medicare Advantage plans be more effective than billing Medicare Advantage plans after the fact.

Ms. FORD. Thank you for that question. Improved collaboration with our Federal partners is always a positive. However, that does not necessarily fix the challenge—or the opportunities there are with this bill in terms of closing the tax——

Mr. BERGMAN. Advance planning, usually to the 80 percent level, most cases, there is going to be 20 percent that you just could not advance plan for the. That is kind of what we do in the military, you know, advance planning for operations so, you know, we win and minimize casualties. Anyway, I would suggest that the advanced planning, the advanced thoughtfulness is going to better the outcome for the veterans, save time in the end, and, most importantly, I think, make sure that the funds that are spent are wisely spent. You can always do an after action afterwards to see where you did not quite get it, but let us work it on the front end.

Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. Representative Cherfilus-McCormick recognized for 5 minutes.

Ms. CHERFILUS-MCCORMICK. Thank you, Mr. Chairman. I wanted to talk about the VA home loans. Many of our constituents have asked several questions. I think everyone here agrees that the Special Monthly Compensation and the Dependency and Indemnity Compensation for disabled veterans and the survivors of disabled veterans must be increased to reflect the economic realities these individuals face. However, both of these bills only enact a modest increase to DIC and SMC, while simultaneously increasing home loan fees on other veterans with service-connected disabilities. At a time of skyrocketing home prices, disabled veterans cannot afford to foot another surprise bill.

Ms. Devlin, in your testimony the VA submitted to the committee, your Department was quiet on the proposed home loan fee offset in H.R. 6047. Specifically, you wrote, "The Department is reviewing Section 3 of the bill and looks forward to working with Congress on further refinement." My question is for you. What further refinement you would like to work on and when we receive your comments on the bill?

Ms. DEVLIN. Thank you for the question. We are working on looking at the impact of the bill and looking at the numbers. We do not have that information for you today, but we will share that as soon as we have it.

Ms. CHERFILUS-MCCORMICK. Do you have a timeline, because we are trying to meet the needs, that you think that you will be able to give it to us? Are——

Ms. DEVLIN. We are working——

Ms. CHERFILUS-MCCORMICK. I am sorry, go ahead.

Ms. DEVLIN. We are working through it as quickly as we can, though.

Ms. CHERFILUS-MCCORMICK. Are there any things that you want to talk about now that you want to specifically work on or will we find that out when you submit the comments?

Ms. DEVLIN. We will provide that.

Ms. CHERFILUS-MCCORMICK. Thank you. The median home price today is over 400,000 according to recent analysts by Forbes. That means a veteran could be paying between 2,000 to 14,000 extra. For disabled veterans living on a fixed income, these fees are not sustainable, especially if they are looking to downsize or move.

Ms. Devlin, has your Department analyzed the impact of increased home loan fees on the solvency of the VA Home Loan Program?

Ms. DEVLIN. That is the information we are still evaluating. The home loan fees do help sustain the Home Loan Program, but we are still analyzing the impacts of the bill.

Ms. CHERFILUS-MCCORMICK. Could you give any kind of preliminary estimate on that at this moment?

Ms. DEVLIN. No, ma'am. Sorry, not at this time.

Ms. CHERFILUS-MCCORMICK. Thank you. I yield back.

The CHAIRMAN. Having no one else that is seeking recognition, Ranking Member, do you have any closing statement?

Mr. TAKANO. I do, Mr. Chairman.

As we bring this hearing to a close, I think we need to put this conversation into context. I felt that this committee examined the issues before us with intensity and with sincerity. Costs are rising across the country and populations fixed on incomes—on fixed incomes, like the many service-connected disabled veterans, are particularly impacted by those rising costs. They very much need additional assistance and we must find a way to deliver.

Earlier this year, Congress passed a bill cutting taxes for the uber wealthy and did not offset the cost. Moreover, Congress added $100 billion for U.S. Immigration and Customs Enforcement (ICE) and $150 billion for DOD just for the coming year. Yet we are here today asking disabled veterans to fork over $7 billion to cover benefits for other disabled veterans and their families over the next 10 years when these veterans have already paid the cost, they have already paid their taxes. Chairman Bost and Mr. Barrett and this majority have set up a false choice between taking care of our most severely injured veterans and survivors and keeping disabled veterans benefits intact.

When this administration and the majority wants to move a priority, they have accepted literally hundreds of billions of dollars of deficit spending. Yet here they are trying to force disabled veterans to pay for these $7 billion in benefits? This is false scarcity at its finest.

Let me quote the statement for the record submitted by the Disabled American Veterans (DAV) today, quote, "We cannot support the provision of funding fees on disabled veterans and urge the committee to remove that provision. Furthermore, DAV firmly opposes all rules or statutes that require veterans benefit increases to be, quote, 'paid for,' end quote, by cuts to other veterans benefits. Cut-As-You-Go (CutGo) and all similar PAYGO rules and laws essentially require veterans to pay for their own benefits. Whereas we all believe that all Americans should be paying for the benefits and services veterans have earned in defending our freedom," end quote.

In March 1982, 43–1/2 years ago, DAV also testified to this very committee on this very topic, saying at the same time, quote, "Frankly, Mr. Chairman, the DAV is opposed to the concept of charging veterans for the benefits they have earned. It seems to us at least that service-connected disabled veterans have already paid the price," end quote. I could not agree more.

Back then, this committee agreed, stating in a report to the Budget Committee that the original funding fee proposal required an amendment to, quote, "exempt service-connected disabled veterans from payment as the committee believes these veterans must

receive priority and preferential treatment in view of the disabilities incurred in service to their Nation," end quote.

This committee further made its position clear in the committee's report on the Fiscal Year 1983 Reconciliation Bill, stating, quote, "During the deliberation, the committee felt that the proposals were too heavily weighted against service-connected disabled veterans, veterans the committee has always given the highest priority," end quote.

I ask what has changed since then, Mr. Chairman? Mr. Barrett's bill very plainly cuts benefits from one group of veterans in order to fund benefits for another. Cuts benefits from one group of disabled veterans in order to fund benefits for another group of disabled veterans. This is a very troubling precedent and one that I simply cannot support.

Unto Mr. Edmundson and Ms. Briley, I hear you, and if they are not in the room, I hear—I want them to know that I hear them loud and clear. We must get DIC increase and SMC increases done. We need to do it this year, not wait for the next Congress. We need to do it this Congress and we need it done as soon as possible.

A bill addressing the full benefits disparity needs to come to markup as scheduled in 2 weeks, and it needs to pass this committee. It cannot force one group of veterans to pay for the benefits of another, one group of disabled veterans to pay for the benefits of another group of disabled veterans. Congress needs to do its job and find a bipartisan way to pay for both the DIC and SMC increases and also pay for veterans to use their earned VA home loan benefit.

Mr. Edmundson is right. It is not his job to figure this out. It is our job, Mr. Chairman. As I said, the American people are willing to pay for this. If catastrophically disabled veterans and survivors of fallen servicemembers are not worthy of American tax dollars tell me who or what is.

Now, Mr. Chairman, I am thankful for the relationship we have. We do not always agree and we go toe to toe and we always shake hands after we do so. I appreciate that and you. I have made it clear I am willing to do what we need to do for a bill to move forward, but that means it must be paid for in a different way. Will you commit to removing the provision that cuts veteran benefits and work in a true bipartisan manner to find an acceptable pay-for that does not charge one group of veterans to use their own earned benefits? Would you work with me on figuring out an alternative?

The CHAIRMAN. I will commit that we are going to make sure this bill gets across the finish line somehow. I will, also, in my closing, explain a lot of things that I think we can do. The concerns I have is not—you are asking on record, and I want to give an answer on record that I would be glad to do that if when we asked for you to come forward to help us on something, you would not wait until we actually start to move the bill before you come up and say, no, we need to now work on this. That is what I have seen.

Mr. TAKANO. Well, Mr. Chairman, I would beg to differ that we wait till the last minute. We have responded. In fact, many elements of the bill you brought forward have been changed in re-

sponse to our input. We have not waited till last minute. You know, we are working vigorously on, you know, the ability—the flexibility in transferring our, you know, our proposal to transfer the home loan benefit to descendants. Hopefully that can be a part of our discussion. I hear in your response some openness to trying to come to a resolution before we bring this to markup.

You know, I just want to say, I will ignore the fact that this bill was only introduced a few days ago, just before we left for the Thanksgiving holiday. Instead, I will focus on what we can control and which, for these purposes, is how seriously we are going to take this task and how thoroughly we are vetting our ideas. Instead of running with the first idea that sounded plausible, we have been working hard to ensure that the ideas we are putting forward to pay for legislation are sound, supported by the community, and do not disadvantage one group of veterans in service of another.

I do not think the majority can say the same, but I will point out that the majority, as the majority, has pointed out, that the original draft of the bill is different than from what was introduced because of the feedback we gave. Now, you cannot have it both ways.

I want to—I want everyone in this room to know and understand that no one is playing games here and that no one is trying to derail this legislation. Instead, we are trying to improve it in measured and thoughtful ways so that it best serves all veterans, their families, and survivors. That takes effort. It takes some time, but we are working as quickly as we can as we can to get this done. We want to see these benefits increased as much as anyone, we want to see it done in this Congress.

As I close, I would like to thank you, Mr. Chairman, for your willingness to engage with us. I would like to end with a quote from the American Legion's statement for the record of this hearing, quote, "Until veterans' benefits are exempt from austerity measures, all VSOs will be required to choose between interests that conflict with one another," end quote. I will add that we in Congress must do whatever we can to avoid that conflict. Our veterans, their families, and their survivors deserve no less.

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

The CHAIRMAN. Thank you, Ranking Member. Let me tell you that it is a fact that our staff has been asking, begging since August for you to participate. Let me give you some responses that came up during that time. October 1st, pouring over different permutations. Yes. Chewed over initially on September 19th. Put out heads—put our heads together and send over something as soon as we can. Worst-case scenario, next week, that was September 4th.

You cannot—I mean, I think it is kind of neat, you can come in the committee and claim that, oh, yes, you were more than willing to work when, no, actually, that has not been the case. Now, I hope that it will be the case from here on out.

Also let me say this because there has been some things said in this committee today. Many of the people in there talking about this particular offset said that it was a—made it sound like we were not going to have veteran home loans covered at all. That is not the case at all. It was a case where we looked at a lesser disability and a second loan, which the idea is it allows the veteran

to get their equity built so that the second loan—because we did have to have a pay-for. I was not in Congress when paygo was passed, but it is the law and it is something that we have to deal with. I will work and look forward to addressing the problems that these bills would—that we can fix and provide a solution for the veterans and their families.

My message is simple. Understand my leadership will continue to work to get veterans the support and benefits they need. There is a statement around here that says if you are in the minority, you communicate. If you are in the majority, you legislate. We are moving forward with the bill so that we can legislate. If we have to drag your side of the aisle kicking and screaming, we are going to do it.

As chairman, I will always put veterans first. I am a veteran. I am a father of veterans. I am a grandson of veterans. I am a son of veterans. This has always been my priority in this position and it will continue to be so. I look forward to working with you. I look forward to the fact that, hopefully, our staffs will then look forward to working to try to get this done.

With that, I ask unanimous consent that all members shall have 5 legislative days to revise and extend their remarks and include any extenuous materials. Hearing no objection, so ordered.

The hearing now is adjourned.

[Whereupon, at 12:51 p.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Edgar Edmundson

Chairman Bost, Ranking Member Takano, Members of the Committee, thank you for inviting me to testify today and thank you for your time.

Time... it is assumed to be unlimited by the young, and spoken of as passing too quickly by the older and wiser—like myself, and, I suspect, a few of you fine folks on this committee. For my family, every day since October 2d, 2005 has been lived with a different understanding of time. We do not take a single hour for granted.

My son, Sgt. (Ret.) Eric Edmundson, was serving in Iraq when the Stryker vehicle he was driving was struck by an IED. In an instant, our lives were split into "before" and "after." Eric sustained multiple traumatic injuries that day, but it was the loss of oxygen to his brain—the anoxic brain injury—that changed the course of his life most dramatically. It robbed him of his ability to speak, to walk, and to live independently. It requires him to have care and assistance 24 hours a day, 7 days a week.

Twenty years ago, around this very time of year, I was standing beside Eric's bed at Walter Reed Army Medical Hospital. My 25-year-old son—strong, driven, optimistic—lay hooked to machines that were keeping him alive. I remember looking at his hands, the hands that had held his daughter for the first time just months before he deployed. I kept thinking, "Time. Give him more time. Give us time to learn how to help him, how to care for him, how to rebuild a life around injuries no family ever expects."

Two decades later, I am here because time has taught us a great deal. We have learned what it truly takes—physically, financially, and emotionally—to support a catastrophically injured veteran over the long term.

When I speak about "quality of life needs," I'm not talking about luxuries. I'm talking about the basics of living with dignity, safety, comfort, and human connection. The additional funds proposed in this legislation would go directly toward:

- **Specialized caregivers and increased caregiving hours**

Eric requires constant supervision—not because he is unsafe, but because the environment around him can become unsafe for someone with his impairments. Trained caregivers prevent falls, prevent choking or aspiration, ensure proper transfers, assist with personal care, monitor health changes, and provide engagement that keeps him connected to the world. While I am enrolled in the VA's Program of Comprehensive Assistance for Family Caregivers, these hours add up, and families cannot shoulder them alone forever.

- **Home modifications and maintenance of an accessible environment**

A home adapted for someone with severe disabilities requires constant upkeep as needs change over time—wider doorways, accessible bathrooms, safe flooring, reinforced entryways, and space that can accommodate medical equipment and wheelchairs. These demands often increase as the veteran ages and the injury evolves. While the VA SAH (Specially Adapted Housing) and SHA (Special Housing Adaptation) grants can help fund needed modifications, the process is complex and slow, making it difficult to find contractors willing to navigate the VA's requirements. Even with a strong contractor, the administrative hurdles can be so burdensome that many consider walking away, as we personally experienced.

- **Transportation and mobility support**

Accessible vehicles and medical transport are essential for veterans to stay mobile, attend therapy, and remain connected to their communities, yet the costs are often prohibitive. VA Form 4502 allows eligible 100 percent service-connected disabled veterans to access the current $27,074.99 automobile grant, and in limited cases a second allowance may be available—either after 30 years or if a previously funded vehicle was destroyed in a natural disaster. Even with this support, accessible vehicles remain expensive, with new wheelchair-accessible vans ranging from about $65,000 to $98,000 and used options typically running $18,000 to $75,000.

- **Adaptive equipment and assistive technology**

Adaptive equipment for hobbies, exercise equipment, adjustable beds—these items are not one-time purchases. They wear out. They need upgrades. Technology evolves, and what worked 5 years ago is now obsolete. The additional funding would allow veterans like Eric to have tools that give them independence and comfort.

- **Therapeutic and quality-of-life activities**

Activities like gym sessions with a personal trainer, painting classes, music therapy, adaptive recreation, community programs, and church or personal enrichment may not be "medical" on paper, but they are essential for quality of life—they transform mere existence into true living, yet are often not covered by the VA. For veterans like Eric, who require 24/7 care, participating in these activities involves significant support: organizing and scheduling outings, one or two caregivers assisting with physical preparation, transportation, and ongoing help to ensure full engagement and participation in the activity.

- **Respite care for families**

Spouses, parents, and children who become full-time caregivers burn out—physically, emotionally, financially. Respite care is not a break from duty; it is a critical component of sustaining long-term caregiving and benefits the caregiver AND the veteran.

- **Out of pocket expenses related to VA programs**

The Federal Government provides many benefits and services for veterans like Eric, but sometimes agencies like the VA are so difficult to navigate that families like ours end up paying out of pocket for needed services like: wet wipes, 4x4 gauze for stomach tube, catheters, dental appointments. In addition, arbitrary caps, misaligned programs, and increased costs of living mean that available programs don't cover Eric's needs. And sometimes, Eric, who will never be able to work again, needs to simply have cash on hand to be able to support his family.

These are the things additional funding supports. These are the things that allow my son—and others like him—to experience life with dignity, purpose, and comfort.

We have stretched every dollar, we have fought every battle, and we have advocated at every stage because time continues to move forward. Veterans like Eric do not stop needing care just because the years pass. In fact, as they age with catastrophic injuries, their needs increase.

This legislation recognizes that reality. It acknowledges that the original support—while deeply appreciated—was never designed to cover two decades of round-the-clock care. It gives families the ability to adapt, to adjust, and to ensure that veterans are not simply surviving, but living.

And just as importantly, this legislation addresses what happens when time finally catches up—when a severely injured veteran passes away from the very injuries they sustained in service. The proposed increase in Dependency and Indemnity Compensation is not a symbolic gesture. It is a lifeline. Families who have spent years, often decades, caring for their veteran do not suddenly stop carrying the financial and emotional weight of those injuries upon the loss of the veteran. The medical equipment, the home modifications, the vehicle payments, the caregiving expenses, the loss of income and retirement wages—those responsibilities don't disappear after the funeral. The current DIC rate simply does not reflect the reality of those continuing costs. An increase would allow surviving spouses to maintain stability, preserve the homes and systems built over a lifetime, and avoid financial hardship after years of sacrifice. However, in addition to this change, we suggest that parent caregivers enrolled in the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) be treated as spouses for the purposes of DIC eligibility. This would remove an inequity for a relatively small, but highly vulnerable population of survivors who often left their employment and lost their retirement to serve as caregivers, but, due to an outdated income threshold, do not qualify for DIC payments. Together, these changes honor the service member's sacrifice by protecting the family they leave behind.

When I look at my son today, at 45 years old, I see a man who gave everything he had in service to his country. He cannot speak for himself anymore—so I am here to speak for him. And I am asking you to work together now to find a mechanism to ensure that the time he has, and the time all severely injured veterans have, is filled with the care and support they earned.

Thank you for your time, and for considering what this support truly means to families like mine.

Prepared Statement of Sharri Briley

Chairman Bost, Ranking Member Takano, and distinguished members of the House Veterans Affairs Committee:

Thank you for the opportunity to submit testimony in support of the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act, legislation that will finally bring meaningful increases to benefits for survivors and catastrophically disabled veterans.

My name is Sharri Briley, and I am the proud surviving spouse of Chief Warrant Officer Three Donovan Lee "Bull" Briley, an Army Special Operations Blackhawk helicopter pilot.

My husband Donovan had always been larger than life. We met at a blood donation drive at the University of Arkansas at Little Rock. On one of our earliest dates, he invited me to a community event at his junior high school. Mid-conversation, I looked up to see him sprinting headfirst down the side of the building, performing an Australian rappel with the kind of fearless energy that came to define him. At that moment, I remember thinking, "Who *is* this guy?"

From then on, he never ceased to surprise me, sweeping me off my feet and taking my breath away. It wasn't long before his bold spirit drew me into a love story I would never forget. We married just 10 months after we began dating, and this December 28th would have marked our 42d wedding anniversary.

Donovan was a born aviator—brave, daring, and deeply devoted to his family. We were blessed to welcome our daughter, Jordan, 5 years into our marriage. From an early age, she adapted her world around her father's flight schedule: sleeping in late so she could stay up at night to sing with him when he returned from missions. We would lie in bed together, singing old hymns and patriotic songs until she knew every word by heart. Donovan, who grew up singing in church, would often croon Elvis to me, and I would melt like butter every time. He made it a point to always fill our home with music, laughter, and love.

He read to Jordan with theatrical flair, igniting her love of learning. He taught her to climb trees before she turned two, to ride her bike, and even pulled her first tooth. One Christmas, he jingled bells outside her window so she would believe Santa was arriving. It is these small, cherished moments that defined him far more than any medal ever could.

On October 3, 1993, my husband was killed in Mogadishu, Somalia, while flying a mission in support of American ground forces during Operation Gothic Serpent. His Blackhawk helicopter was struck by a rocket-propelled grenade. Donovan's actions, and those of his comrades, were later memorialized in the book and movie *Black Hawk Down*. But for me and our daughter, Jordan, who was just 5 years old at the time, Donovan's sacrifice has never been a story on a screen. It has been our lived reality every day for thirty-two years.

For his courage, Donovan was awarded the Distinguished Flying Cross, later upgraded to the Silver Star following years of advocacy from myself and his fellow soldiers. He also received the Purple Heart and two Air Medals. Yet no medal can replace the empty chair at birthdays, graduations, and family milestones. No decoration can fill the silence left by his absence. The families of America's fallen live with this reality for the rest of our lives.

After Donovan's death, I made it my mission to ensure that families like mine are never forgotten, that the Nation that asked our loved ones to serve also keeps its promise to care for those left behind. I have worked with organizations like Hearts of Our Heroes and, as a proud member of Gold Star Spouses of America, I continue to advocate for the survivors who too often feel invisible in the aftermath of war.

This legislation is deeply personal to me, because it acknowledges that survivors deserve more than words of sympathy; we deserve tangible support. For surviving spouses, the bill increases Dependency and Indemnity Compensation (DIC) by 1 percent each year for 5 years, in addition to the annual cost-of-living adjustment. Today, roughly half a million survivors receive DIC, which currently amounts to about $1,653 per month.

Survivors have not received a real increase in over 30 years. During that time, the cost of food, housing, childcare, and medical care has grown dramatically. A modest but meaningful DIC increase will help surviving spouses put food on the table, cover rent, and provide stability for their children. It will send a clear message that our government recognizes the ongoing sacrifice made by surviving families.

The bill also strengthens support for catastrophically disabled veterans and their caregivers. Families like that of Sergeant Eric Edmundson, who sustained devastating injuries in Iraq and now requires daily, round-the-clock care, represent the

enduring costs of war. His wife and parents provide that care out of love, but the financial and emotional burden is immense. This bill provides over $10,000 more each year in Special Monthly Compensation for these families. That increase will not erase their hardships, but it will give them greater resources to continue providing the dignity, independence, and quality of life their loved ones deserve.

In total, more than 520,000 survivors, caregivers, and veterans will benefit from this legislation. This is the most significant expansion of survivor and caregiver benefits in decades.

For too long, survivors and catastrophically disabled veterans have waited for Congress to act. This bill answers that call. It represents a long overdue acknowledgment that families like mine, and like the Edmundsons, should not have to worry whether they can make ends meet while carrying the invisible burdens of service and sacrifice.

As we marked the thirty-second anniversary of Donovan's death this October, I reflected on his courage, his love for his family, and his devotion to his country. I cannot change that he did not come home. But you, the Members of this Committee, can change the future for the families who walk in my shoes today and for generations to come.

When I think about Donovan—singing Elvis in our living room, reading stories to Jordan, jingling Santa's bells—I'm reminded that behind every legislative and policy debate are real families, real love, and real sacrifices.

I urge you to pass the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act, and in doing so, deliver on the sacred promise that our Nation makes to its heroes and the loved ones they leave behind.

Thank you for your consideration.

Prepared Statement of Tom Wheaton

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 bills being examined by the committee today. No group of veterans understand the full scope of benefits and care provided by the Department of Veterans Affairs (VA) better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D).

H.R. 4077, the GUARD Veterans' Health Care Act

In recent years, there has been a noticeable uptick in the marketing of Medicare Advantage affinity plans to veterans, including those dually covered by the Veterans Health Administration (VHA). Insurers are often able to offer incentives to attract veterans to these plans (e.g., $0 premiums or supplemental benefits), which typically do not include prescription benefits under Medicare Part D. Many of these veterans already receive much of their care and prescriptions through the VHA, so their participation in a Medicare Advantage plan is likely a redundant effort. Meanwhile, insurers of these Advantage plans receive full monthly capitated rates for their veteran enrollees from the U.S. Centers for Medicare & Medicaid Services, but they do not reimburse the VHA system for any Medicare-covered service that occurs in VHA facilities, since the VHA is not allowed to bill Medicare for reimbursement.

This legislation seeks to amend title 38, United States Code, and the Social Security Act to allow the VA to recover from Medicare Advantage and Medicare prescription drug plans part of the cost of care or services furnished to veterans enrolled in these Medicare benefits for both service—connected and non-service-connected disabilities. Because Medicare Advantage plans receive fixed per-patient payments for health care services without having payments reduced when veterans receive care through the VHA, it's a reasonable assumption that the department should have the ability to recoup some of those costs. This would be, in essence, a form of Medicare subvention, which PVA has generally supported for decades.

The delivery of health care has changed dramatically in recent years, and the intense pressure to control costs, coupled with the rapid spread of managed care, has had an impact on every health delivery system in this country, including VA. We believe Congress should consider legislation like this which could be beneficial in a couple of ways. First, VA would be reimbursed by Medicare Advantage plans for the high-quality care it provides to veterans who had the opportunity to seek it elsewhere. Second, and perhaps most importantly, it helps preserve veteran access to VA's direct care system.

VA's SCI/D system of care is the crown jewel of the VA's health care system. It is unequaled in the care it provides to paralyzed veterans. There are no comparable systems of such care in either the private sector or the world. PVA's number one priority is to protect this system of care. Access to the care it provides is the difference between life and death for our members. PVA members want to receive their care at the VA because it is the best care available for them. Allowing VA to receive payment from certain Medicare plans for care and services it provides these veterans is a commonsense use of taxpayer funds.

H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025

PVA strongly supports provisions in this bill that would increase the amount of Special Monthly Compensation (SMC) for the most severely disabled veterans and raise VA Dependency and Indemnity Compensation (DIC) rates for the surviving family members of deceased servicemembers and veterans. PVA has long advocated for increasing these critical benefits. Unfortunately, little attention has been paid in recent years to the ongoing financial needs of these veterans and their survivors.

Increase in Special Monthly Compensation

SMC is arguably the most important ancillary benefit for veterans with severe, service-connected disabilities. The benefit is unique in that it is dependent on non-economic factors such as the profoundness of the disability, personal inconvenience, and social inadaptability. For example, a veteran who lost the use of their lower extremities in service to their country is compensated not just for the loss in their future earnings potential, but also all future hardships and costs associated with the disability. VA considers entitlement to SMC based on the medical evidence when adjudicating a claim for service connection or an increase in an evaluation. VA considers it an "inferred issue." To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, we do not believe that the impact on quality of life can be totally compensated for; however, SMC does at least offset some of its loss.

Some of the most seriously disabled veterans who, because of their disability, can no longer take care of themselves without aid, may be eligible for aid and attendance (A&A). There are three rates for A&A within special monthly compensation. If the veteran has a single 100 percent schedular-evaluated disability and requires the aid of another person to perform the personal functions required in everyday living, the veteran would be considered for A&A under 38 U.S.C. § 1114 (r). If the veteran is entitled to the maximum rate under either 38 U.S.C. § 1114 (o) or (p), and needs regular A&A, the veteran would be considered for A&A under 38 U.S.C. § 1114 (r)(1) or SMC R1. If the veteran meets the requirements for R1, and then clearly establishes the need for supervised, daily, skilled health care on a continuing basis, the veteran would be considered for a higher A&A benefit under 38 U.S.C. § 1114 (r)(2) or SMC R2. These veterans live with the most severely disabling conditions and might be bedridden due to a traumatic spinal cord injury or a disease such as amyotrophic lateral sclerosis (ALS). Currently, the SMC rates of R1, and R2 are $9,559.22 and $10,964.66, respectively. Meanwhile, SMC T is provided to veterans with severe medical residuals related to a service-connected traumatic brain injury (TBI). These veterans often need additional care, and SMC T is provided at the SMC R2 rate for additional financial support.

Even with additional financial support, many of our most severely disabled veterans are struggling. They often spend more on daily home-based care and other disability-related needs than they receive in SMC benefits, which generates a tremendous financial strain on them. Eventually, some are forced to opt for care in an institutional setting, which is even more costly to the taxpayer. This problem is due in part to SMC's baseline rates, which haven't been adjusted in decades, so they are inadequate to offset the burden placed on veterans by their disabilities.

Most veterans receiving SMC are spending it directly on their care. Some veterans are fortunate to have parents or family members who can provide for many of their care needs. It may cost $30-$35 an hour for a veteran to hire someone to attend to such needs. If the veteran needed skilled care nursing, the cost would be much higher. Even veterans who have family members to help provide daily care, or receive home-based supports from the VHA, often need to hire additional assistance. Bringing someone in for just 6 hours a day could cost $180 per day or $5,400 a month. That's about half of the SMC a veteran with R2 receives. In addition, many veterans who have received their R1 or R2 rating earlier in their lives due to a training accident or wounds received on the battlefield, might not realize how much more aid will be needed as they get older. SCI/D ages with the veteran, and like any injury or medical condition, as the body ages the conditions get worse and

the costs that used to be covered by their compensation are no longer adequate for their new needs. For those catastrophically disabled veterans who don't have family members close by to support them, it's not uncommon for them to use the bulk of their SMC for needed care, especially later in life.

The higher direct and indirect costs of living with a disability are well documented. A 2020 study determined a household containing an adult with a disability that limits their ability to work requires, on average, 28 percent more income (or an additional $17,690 a year) to obtain the same standard of living as a similar household without a member with a disability.[1] Many PVA members have examples of additional costs for daily living due to their disability that many of us take for granted. They run the gamut from the mundane to life threatening.

In my own life, I have found that living with my condition creates costs that many would normally not have to face. Wheelchairs are not sports cars that can ease through turns or whip around bends. I have found that drywall repairs and repairing or replacing damaged door frames is a constant strain on the budget. Vehicles suffer similar damage that need constant attention. My clothing wears out faster than most, as every point of contact between myself and my chair causes rips, tears, and worn spots. Couple that with the need for adapted and tailored clothes, made especially for my situation, means that the clothing allowance provided by the VA runs out quickly, and I find myself going deeper into my own pocket just to keep myself properly clothed. As an advocate for paralyzed veterans, I need to keep and maintain suits so I can participate in events like this hearing. I may look dapper, but maintaining this image is more costly than you might realize.

Traveling is also more expensive. First, many veterans who utilize a wheelchair and choose to fly must travel first class, as the difficulty boarding and deboarding a plane is just too much due to their physical limitations. When we get to our destinations, we find many hotels whose "accessible rooms" aren't, because there isn't enough room to accommodate a large wheelchair. The accessible room with the roll in shower may only have a king bed. So, if a veteran has a caregiver traveling with them, two rooms may have to be rented instead of one. This makes it more expensive for travel and many of us who are living off the SMC we receive find it impossible to take even a small vacation with our families. Living with paralysis leads to added costs in all aspects of my life, whether it is hiring someone to do regular home upkeep or shovel show, or purchasing necessary items like shower benches; they all put a strain on the budget.

A fellow PVA member who also lives in Colorado is housebound because of their service-connected condition. It is extremely difficult for them to do things that most of us take for granted. For a person with SCI/D, a trip to the grocery store can be daunting, so this veteran must have needed items delivered, which adds an additional $20-$30 a trip, not including the additional markup of 15 percent, in her case, of the in-store items. Additionally, she incurs charges on some very basic errands that the average American wouldn't give a second thought to, such as dropping off or picking up dry cleaning, going to the pharmacy or post office. She utilizes an online service to help mitigate costs, but it is not free, and it adds up quickly.

Another example of higher expenses is the cost of renting an accessible vehicle. PVA's Senior Vice President, who uses a power wheelchair, relayed her experience renting an accessible van for a PVA business trip earlier this year. She knew of two companies in the large metropolitan area she was visiting on the west coast that rented accessible vans. The first one she called told her that they didn't work weekends and didn't deliver vehicles to the airport. They also won't pick up customers who are renting vehicles. Renters must arrange with another company for transportation from the airport to the company's pickup location. She then called the other company, which was willing to deliver a vehicle to the airport. The delivery fee was nearly $200. Then the daily rental fee was over $100 a day. This was the cost borne by our organization, but it could just as easily have been the cost to a veteran visiting the area to see family. In that case, the cost would be borne solely by the veteran.

Owning an accessible vehicle is also costly despite the amount offered through the VA's auto grant program. A PVA member in West Virginia lives in a rural area, and air travel is challenging and potentially even dangerous for him. So, he relies extensively on his adapted vehicle. It's easy to think that an eligible veteran receives their auto grant and then the issue is resolved, but that isn't the case. The auto grant amount is currently $27,000, which might sound like a lot, until you realize an adapted vehicle can cost anywhere between $50,000 for a sedan to upwards of $90,000 for a van.

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[1] The Extra Costs of Living with a Disability in the U.S.—Resetting the Policy Table.

Adapted vehicles are usually larger and heavier which causes them to consume more fuel and require additional maintenance. To maintain an adapted vehicle means to acquire unique costs that the average vehicle owner does not encounter. Our member in West Virginia says the increase in his SMC over the past few years was erased by a single purchase of new tires for his vehicle because of increased costs. These are just a few examples of the costs associated with living with physical disabilities.

Damage to the spinal cord or nerves often makes veterans more susceptible to temperature. For those with Multiple Sclerosis (MS), inflammation in the nervous system causes damage to the myelin sheath, a fatty coating around nerve fibers that helps them send electrical signals. This damage and myelin loss (demyelination) impairs the nerves' ability to send electrical signals and makes it harder for them to regulate their body temperature. Roughly three-fourths of all veterans with MS find their symptoms get worse in response to heat, so they rely heavily on air conditioning to help manage their condition. In similar fashion, many veterans with high level spinal cord injuries (above T–6) experience difficulties because their heat dissipating and heat conserving mechanisms are interrupted. This can trigger Dysautonomia, a nervous system disorder that disrupts autonomic body processes, and in the severest cases, Autonomic Dysreflexia, a dangerous situation that requires immediate medical attention.

While SMC receives a modest annual cost-of-living adjustment, it does not account for actual increases in the types of services our members require. For example, retail electricity prices have increased faster than the rate of inflation since 2022, and the U.S. Energy Information Administration expects this trend to continue for at least another year. Some veterans who are kept alive by a ventilator have reported electricity bills of more than $1,000![2] Another veteran has had modifications made to their very rural house to include electrical door openers, electrical sinks, adapted lights, etc. However, due to the unreliable power grid in the area, VA also installed generators to ensure the veteran is not put in a life-threatening situation. These generators need maintenance and fuel, which are costly and not covered by the VA.

In 2007, after studying veterans' benefits for two and a half years, the Veterans' Disability Benefits Commission, which was established by Public Law 108–136, the National Defense Authorization Act of 2004, released its long-awaited report that addressed the benefits and services available to veterans, servicemembers, and their families. In their concluding recommendations, they stated succinctly that, "Congress should review the profound impact of disabilities on a veteran's quality of life and consider increasing SMC payments and determine if additional ancillary benefits are warranted."[3]

I want to stress that being disabled is costly, both financially and otherwise. A basic task for most people often results in an additional cost to those with an SCI/D. Cleaning the house, mowing the lawn, or general care of the property—even changing a light bulb—can require a catastrophically disabled veteran to pay someone to perform these services. Just maintaining life impacts their finances. They don't often have the choice to perform these tasks themselves. These injuries were incurred serving this Nation, and we as a nation should be able to do more to ensure that a disabled veteran never has to be institutionalized because they can no longer afford, even at a young age, to live in the community.

We are pleased to support the provision in this bill that would increase the amount of R1, R2, and T, SMC rates by $10,000 annually. The veterans with these ratings are living with the most disabling conditions and therefore incur the most costs associated with them. We thank the supporters of this bill for seeking to address this issue and we look forward to this increase becoming law.

Increase in Dependency and Indemnity Compensation

Losing a spouse is never easy, but knowing that financial help will be available following the death of a loved one can ease this burden. DIC is intended to protect against survivor impoverishment after the death of a service-disabled veteran. In 2025, this compensation starts at $1,653.07 per month and increases if the surviving spouse has eligible children who are under the age of 18. DIC benefits typically last the entire life of the surviving spouse, except in the case of remarriage before reaching 55.

For surviving children, DIC benefits last until the age of 18. If the child is still in school, these benefits might go until age 23. The DIC program was established

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[2] U.S. electricity prices continue steady increase—U.S. Energy Information Administration (EIA).

[3] Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century (2007), Veterans' Disability Benefits Commission.

in 1993 and has been minimally adjusted since then. In contrast, monthly benefits for survivors of Federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55 percent. This difference presents an inequity for survivors of our Nation's heroes compared to survivors of Federal employees. DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability after the loss of their loved one.

Our oldest veterans are passing away, and in the case of many of our members, their surviving spouses were their primary caregivers for 40 years or more. Many of them could not work outside of the home. When a service-connected SCI/D veteran passes away, monthly compensation that may have been upwards of $10,000 a month stops, and their surviving spouse receives roughly a fifth of that per month in DIC, creating a tremendous hardship on those left behind. Adjusting to this precipitous drop of revenue into the household can be too difficult for some surviving spouses who may be forced to sell their homes and move in with friends or family members. In addition, that spouse may have been receiving caregiver benefits and the loss of that compensation is economically catastrophic. Having to handle this along with the death of a loved one can leave the survivor in a precarious mental and financial position.

For me personally, the livelihood of my loved ones is a paramount concern to me. They have spent a good portion of their lives caring for me and helping me enjoy mine. I am very aware that when I am gone, the amount that will be provided to them falls far short of the amount needed to give them financial security. That is not the life I want to leave for them. They have served their nation in their own way and deserve better than to be left impoverished once I am gone. Because of this, I have scrimped and saved where I can, to build up a tiny amount so I have something additional to leave them. This is not right. I pay close attention to efforts to increase DIC because I know any increase in the benefit is an increase in my family's future well-being.

PVA supports this bill's provision increasing the DIC amount by 1 percent every year for 5 years in addition to the yearly cost-of-living adjustment. This would be the most significant increase in veteran survivors' benefits in years. It also represents a major step toward our goal of ending the disparity between DIC and all other Federal survivor benefit programs.

PVA would once again like to thank the committee for the opportunity to present our views on the legislation being considered today. We look forward to working with you on this legislation and would be happy to answer any questions.

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 2026

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—$368,500.

Fiscal Year 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—$502,000.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—$479,000.

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 Brian Miller

Testimony of Brian J. Miller, M.D., M.B.A., M.P.H.

Associate Professor of Medicine and Business (Courtesy)
Johns Hopkins University

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Before the

House Committee on Veterans' Affairs

On

"Legislative Hearing on: Discussion Draft: The Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025, and H.R. 4077, GUARD Veterans' Health Care Act."

December 3, 2025

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee:

My name is Brian Miller, and I practice hospital medicine at the Johns Hopkins Hospital. As an academic health policy analyst, I serve as an Associate Professor of Medicine and Business (Courtesy) at the Johns Hopkins University School of Medicine and as a Nonresident Fellow at the American Enterprise Institute. My research focuses on how we can build a more competitive and vibrant health sector to make healthcare more efficient, flexible, and personalized for patients. This perspective is based upon my prior regulatory experience at four federal regulatory agencies. Through my current role as a faculty member, I regularly engage with regulators, policymakers, and businesses in search of solutions to help create a better healthcare system for all. Today I am here in my personal capacity, and the views expressed are my own and do not necessarily reflect those of the Johns Hopkins University or the Johns Hopkins Health System, the American Enterprise Institute, the North Carolina State Health Plan, or the Medicare Payment Advisory Commission (MedPAC).

The veterans population is changing. In FY2000, the overall veteran population was 26.75 million veterans with 4.94 million enrolled in the Veterans Health Administration (VHA) and 3.46 million unique veterans receiving care. In FY2024 these numbers shrank to 17.91 million veterans, grew to 9.05 million enrollees, and expanded to 6.38 million veterans receiving care.[1] Today's veteran population is older, more rural, has a greater burden of disabilities, and a comparably higher tobacco use rate and disease burden compared to non-veteran populations.[2] The VHA has simultaneously undergone a transformation, with 18 Veterans Integrated Service Networks (VISNs)[3] representing 170 Veterans Affairs (VA) medical centers and 1,193 outpatient clinics.[4] With a national mandate to serve every veteran, access has remained a geographic and operational challenge for a closed, vertically integrated healthcare financing and delivery system. The passage of the 2014 Veterans Access, Choice, and Accountability Act (CHOICE)[5] and 2018 VA Maintaining Systems and Strengthening Integrated Outside Networks (MISSION) Act[6] marked a recognition of the vast geographic spread of veterans across the US, demarcating a transition from a purely public to a public-private

[1] Panangala, Sidath Viranga, and Jared S. Sussman. "Introduction to Veterans Health Care." Congress.gov, June 28, 2023. https://www.congress.gov/crs-product/IF10555
[2] "Overview of VHA Patient, Veteran, and Non-Veteran Populations and Characteristics." Agency for Healthcare Research and Quality (US), 2020. https://www.ncbi.nlm.nih.gov/books/NBK578553/
[3] Veterans Health Administration. "Veterans Integrated Services Networks (VISNs) - Veterans Health Administration." www.va.gov, n.d. https://www.va.gov/HEALTH/visns.asp
[4] Veterans Health Administration. "About VHA." Va.gov, November 8, 2023. https://www.va.gov/health/aboutvha.asp
[5] Congress.gov. "H.R.3230 - 113th Congress (2013-2014): Veterans Access, Choice, and Accountability Act of 2014." Congress.gov, 2013. https://www.congress.gov/bill/113th-congress/house-bill/3230
[6] Congress.gov. "S.2372 - 115th Congress (2017-2018): VA MISSION Act of 2018." Congress.gov, 2017. https://www.congress.gov/bill/115th-congress/senate-bill/2372

delivery system wherein veterans who cannot access VHA-delivered services in a timely fashion can access equivalent care in the broader community care market.

In 2025, if a veteran has multiple sources of health benefits, veterans' health benefits can end up interacting with other publicly funded programs, such as Medicaid,[7,8] Medicare, and privately funded health benefits (employer-sponsored coverage, employer retiree health benefits). Unfortunately veterans' health benefits coordination remains an underdeveloped policy and operational arena.

As a first principle, veterans should be able to fully utilize all earned benefits. It is the role of policy to facilitate this, and as a matter of policy our country has not yet fully executed on this promise for veterans' health benefits. In my testimony today, I will focus on the challenge and opportunity of health benefits coordination for America's veterans, in addition to enumerating why H.R. 4077 does not represent an adequate or appropriate solution:

1. The Challenge of Veterans – Medicare health benefits coordination
2. Lessons from TRICARE and Employer-sponsored Insurance
3. Opportunities to Improve Benefits Coordination

1. The Challenge of Veterans – Medicare health benefits coordination

Both the Veterans' Health Administration and Medicare programs have significant challenges with regards to a wide scope of medical needs in their respective populations, with a range of beneficiaries needing distinct care delivery specialization and customization. The Medicare program has made significant progress in this arena, adapting to reflect variation of disease combinatorics in the Medicare population reflecting >1 million disease combinations.[9,10] Policymakers responded with the creation of Special Needs Plans (SNP) as part of the 2003 Medicare Modernization Act, with the SNP program undergoing reauthorization eight times and finally achieving statutory stability as part of the 2018 Bipartisan Budget Act. SNPs fall into three categories, including institutionalized beneficiaries (I-SNPs) who have distinct needs from the community-dwelling Medicare population, beneficiaries enrolled in Medicare and Medicaid or so-called dual eligibles (D-SNPs), and those with severe or disabling chronic conditions (C-SNPs). Policy experts including Sachin Jain, M.D., a physician with experience in both governmental and private health benefits operations, have even suggested specialized plans for homeless Medicare beneficiaries,[11] who likely have unique clinical and health-related social needs. In this sense, the Medicare program has continued to evolve in order to meet the needs of a wide range of beneficiaries through offering fee for service (FFS) Medicare, conventional Medicare Advantage (MA) plans, and SNPs.

The veteran population faces many similar challenges, yet more policy attention is needed. Veterans have a high prevalence of many chronic health conditions,[12] higher rates of some conditions,[13] and variance across age groups in disease combinations.[14] Yet, similar benefits customization and coordination has yet to be undertaken to better support veterans in achieving whole health and maintain independence. Veterans' health benefits eligibility is simple while

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[7] Cervantes, Sammy, Jennifer Tolbert, Alice Burns, and Robin Rudowitz. "5 Key Facts about Medicaid and Veterans | KFF." KFF, June 30, 2025. https://www.kff.org/medicaid/5-key-facts-about-medicaid-and-veterans/

[8] Yoon, Jean, Megan E. Vanneman, Sharon K. Dally, Amal N. Trivedi, and Ciaran S. Phibbs. "Use of Veterans Affairs and Medicaid Services for Dually Enrolled Veterans." Health Services Research 53, no. 3 (June 13, 2017): 1539–61. https://doi.org/10.1111/1475-6773.12727

[9] Sorace, James, Hui–Hsing Wong, Chris Worrall, Jeffrey Kelman, Shahin Saneinejad, and Thomas MaCurdy. "The Complexity of Disease Combinations in the Medicare Population." Population Health Management 14, no. 4 (August 2011): 161–66. https://doi.org/10.1089/pop.2010.0044

[10] Sorace, James, Michael Millman, Mallory Bounds, Michael Collier, Hui-Hsing Wong, Chris Worrall, Jeffrey Kelman, and Thomas MaCurdy. "Temporal Variation in Patterns of Comorbidities in the Medicare Population." Population Health Management 16, no. 2 (April 2013): 120–24. https://doi.org/10.1089/pop.2012.0045

[11] Jain, Sachin H., John Baackes, and James J. O'Connell. "Homeless Special Needs Plans for People Experiencing Homelessness." JAMA, February 13, 2020. https://doi.org/10.1001/jama.2019.22376

[12] Eibner, Christine, Heather Krull, Kristine M. Brown, Matthew Cefalu, Andrew W. Mulcahy, Michael S. Pollard, Kanaka Shetty, et al. "Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs." www.rand.org, 2016. https://www.rand.org/pubs/periodicals/health-quarterly/issues/v5/n4/13.html

[13] Betancourt, José, Diane Dolezel, Ramalingam Shanmugam, Gerardo J Pacheco, Paula Stigler Granados, and Lawrence V Fulton. "The Health Status of the US Veterans: A Longitudinal Analysis of Surveillance Data prior to and during the COVID-19 Pandemic." Healthcare 11, no. 14 (July 17, 2023): 2049–49. https://doi.org/10.3390/healthcare11142049

[14] Steinman, Michael A., Sei J. Lee, W. John Boscardin, Yinghui Miao, Kathy Z. Fung, Kelly L. Moore, and Janice D. Schwartz. "Patterns of Multimorbidity in Elderly Veterans." Journal of the American Geriatrics Society 60, no. 10 (October 2012): 1872–80. https://doi.org/10.1111/j.1532-5415.2012.04158.x

enrollment and subsequent access is more complex.[15] Veterans face 3 basic criteria for eligibility: (1) meet statutory definition of a veteran, (2) meet statutory definition of active duty, and (3) served for a minimum of 24 months of continuous active duty. Enrollment qualification is based upon service-connected disability, income, and other factors (e.g. former POW, Medal of Honor recipient, Purple Heart recipient, etc.) with veterans placed into one of eight priority groups. Cost-sharing for services (if any) is determined via priority groups.[16] Thus, while eligibility is more transparent,[17] the enrollment process is more complex.

Benefits coordination is critical to ensuring that all patients receive integrated, coordinated care. In the Medicare marketplace, benefits coordination has been a long-term, bipartisan policy focus. For example, as part of the 2003 Medicare Modernization Act (MMA), policymakers created employer group waiver plan (EGWP) or group MA marketplace, functionally facilitating a mechanism for employers[18,19] to "buy up" from Medicare A/B benefits and deliver integrated retiree health benefits including affordable and rich Medigap and Part D prescription drug coverage through a customized MA plan. This facilitated retirees in being able to fully access both their earned Medicare and earned worker retiree health benefits, a model that today 5.7 million Americans[20] including millions of union members utilize. Medicare and Medicaid coordination has also been a bipartisan policy focus, as the dual eligibles are a population that is very expensive, with 19% of beneficiaries accounting for 35% of Medicare spending in CY2021,[21] significant impairments in functional status (limitations of 3-6 activities of daily living[22] are 24% of duals v. 6% of non-duals),[23] and complex multi-morbidity. As part of the 2003 MMA, policymakers created D-SNP plans to promote benefits coordination and customization, with the 2010 Patient Protection and Affordable Care Act[24] providing regulatory, policy, and oversight support via the creation of the so-called "Duals Office" or the Centers for Medicare and Medicaid Services' (CMS) Medicare-Medicaid Coordination Office.[25] Finally, policymakers have also worked to coordinate Medicare and earned TRICARE benefits, with the 2001 creation of TRICARE for Life (TFL) model, a Medicare wrap around plan substituting for Medigap coverage, thus allowing military retirees to fully access their Medicare and TRICARE benefits.

In contrast, in the arena of veterans' health affairs, lack of benefits coordination is a matter of policy, to the disadvantage of the veteran. Veterans' health benefits and Medicare do not coordinate or integrate as a matter of policy, with the VA own's web site noting that "*You'll need to choose which benefits to use each time you receive care*."[26] The VA does not directly bill Fee For Service (FFS) Medicare or MA plans, but may bill Medigap plans for services for non-service-connected conditions. This lack of coordination has real impacts, as of the 2023 VHA enrollees an estimated 4.15 million or 50.5% are enrolled in Medicare, with 39% or 3.2 million in FFS Medicare and 0.94 million or 11.4% in MA. Of those enrolled in FFS Medicare an estimated 1.07 million or 13.1% have Medigap

[15] Panangala, Sidath Viranga, and Jared S. Sussman. "Health Care for Veterans: Answers to Frequently Asked Questions." Congress.gov, 2025. https://www.congress.gov/crs-product/R42747#_Toc45808475
[16] U.S. Department of Veterans Affairs. "VA Priority Groups." Veterans Affairs, August 11, 2021. https://www.va.gov/health-care/eligibility/priority-groups/
[17] U.S. Department of Veterans Affairs. "Eligibility for VA Health Care." Veterans Affairs, October 11, 2019. https://www.va.gov/health-care/eligibility/
[18] Skopec, Laura, and Stephen Zuckerman. "Medicare Advantage Employer Group Waiver Plans a Primer," 2024. https://www.urban.org/sites/default/files/2024-01/Medicare%20Advantage%20Employer%20Group%20Waiver%20Plans.pdf
[19] CMS. "Employer Group Plans," 2024. https://www.cms.gov/files/document/slides-employer-group-plans-july-2024.pdf
[20] Ochieng, Nancy, Meredith Freed, Jeannie Fuglesten Biniek, Anthony Damico, and Tricia Neuman. "Medicare Advantage in 2025: Enrollment Update and Key Trends | KFF." KFF, July 28, 2025. https://www.kff.org/medicare/medicare-advantage-enrollment-update-and-key-trends/
[21] See Page 30 of "Beneficiaries Dually Eligible for Medicare and Medicaid Data Book." Jointly Produced by the Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission Medicaid and CHIP Payment and Access Commission. January 2024. https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf
[22] Edemekong, Peter F, Deb L Bomgaars, and Shoshana B Levy. "Activities of Daily Living (ADLs)." NCBI. StatPearls Publishing, May 4, 2025. https://www.ncbi.nlm.nih.gov/books/NBK470404/
[23] See Page 36 of ""Beneficiaries Dually Eligible for Medicare and Medicaid Data Book." Jointly Produced by the Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission Medicaid and CHIP Payment and Access Commission. January 2024. https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf
[24] Medicaid.gov. "Program History and Prior Initiatives | Medicaid." Medicaid.gov, 2022. https://www.medicaid.gov/about-us/program-history
[25] Cms.gov. "About the Medicare-Medicaid Coordination Office | CMS," 2024. https://www.cms.gov/medicare/medicaid-coordination/about
[26] Veterans Affairs. "VA Health Care and Other Insurance | Veterans Affairs," July 14, 2025. https://www.va.gov/resources/va-health-care-and-other-insurance/

while 2.3M or 28% have TRICARE.[27,28] Functionally, neither the VHA or Medicare will serve as a secondary coverage when the other program is primary payer.[29]

This has resulted in problems in both formulations of Medicare benefits – FFS Medicare and Medicare Advantage. In FFS Medicare, veterans may be paying out of pocket for both the Part B premium, Medigap coverage, and maybe even standalone Part D coverage instead of being able mix and match their earned veterans' health benefits and earned Medicare benefits. This primarily raises costs for veterans.

In MA, veterans may pay the Part B premium and CMS may pay MA plans for covering veterans who incur little or no Medicare-funded services, while VHA pays for VHA-delivered services. This primarily raises costs for taxpayers. Both outcomes are suboptimal and result from a lack of benefits coordination.

Prior research has delineated both of these policy challenges. VA-Medicare benefits coordination is lacking in the VA's interface with the MA marketplace. A 2012 *JAMA* paper by former VA Undersecretary for Health Kenneth Kizer, M.D., M.P.H.[30] denotes that of dual eligible (for VA and Medicare) veterans, 10% exclusively used the VA, 35% used MA, only 50% used both MA and the VA, and 4% received no services. More recent efforts by researchers from Harvard and Boston University in 2024 updated this work, denoting that CMS paid $1.32 billion to MA plans whose veterans did not use any Medicare services in 2020,[31] representing <0.5% of annual expenditures in the Medicare Advantage program. Further work by some of the same researchers attempted to define MA plans marketing to veterans,[32] labeled by researchers as Veterans Affinity MA plans.

The absence of VA-Medicare benefits coordination is also a longstanding problem on the FFS Medicare side of the table. As far back as 1979, the Government Accountability Office (GAO) issued a report describing duplicate payments for VA and Medicare-eligible veterans in Florida and California.[33] The introduction of VA Community Care has highlighted both CMS' and the VHA's lack of benefits coordination, with a 2023 Department of Health and Human Services (HHS) Office of Inspector General (OIG) report denoting duplicate Medicare FFS payments from CY2017-2021 for 298,527 claims representing $128 million in Part A and B items and services already paid for by VHA.[34] CMS has not fully acted on recommendations for regulatory improvement, and did not establish a long-term data-sharing agreement, an internal process to address duplicate payments made by Medicare for medical services authorized and paid for by the VA, or a variety of other HHS OIG recommendations.

Still other government reports have demonstrated that the lack of VA-Medicare benefits coordination is a very old and persistent problem on both the FFS Medicare and MA sides of the Medicare table. For example, a 1994 GAO report denoted use of VA services by Medicare-eligible veterans, with vets choosing VA for services then not available in Medicare (such as prescription drugs),[35] while a 2016 GAO report noted that the lack of data sharing between VA and CMS likely resulted in inaccurate, lower payments to MA plans due to decreases in the per capita county Medicare

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[27] Taylor, Erin A. "Veteran Access to Multiple Forms of Health Care Coverage: Veterans' Issues in Focus." Rand.org. RAND Corporation, August 19, 2025. https://www.rand.org/pubs/perspectives/PEA1363-15.html

[28] "2023 Survey of Veteran Enrollees' Health and Use of Health Care Contract Number: 36C10X21N0115," December 18, 2023. https://www.va.gov/VHASTRATEGY/SOE2023/2023_Survey_of_Veteran_Enrollees_Health_and_Use_of_Health_Care_Main_Results_Report.pdf

[29] Taylor, Erin A. "Veteran Access to Multiple Forms of Health Care Coverage: Veterans' Issues in Focus." Rand.org. RAND Corporation, August 19, 2025. https://www.rand.org/pubs/perspectives/PEA1363-15.html

[30] Trivedi, Amal N., Regina C. Grebla, Lan Jiang, Jean Yoon, Vincent Mor, and Kenneth W. Kizer. "Duplicate Federal Payments for Dual Enrollees in Medicare Advantage Plans and the Veterans Affairs Health Care System." JAMA 308, no. 1 (July 4, 2012). https://doi.org/10.1001/jama.2012.7115

[31] Ma, Yanlei, Jessica Phelan, Kathleen Yoojin Jeong, Thomas C Tsai, Austin B Frakt, Steven D Pizer, Melissa M Garrido, Allison Dorneo, and José F Figueroa. "Medicare Advantage Plans with High Numbers of Veterans: Enrollment, Utilization, and Potential Wasteful Spending." Health Affairs 43, no. 11 (November 1, 2024): 1508–17. https://doi.org/10.1377/hlthaff.2024.00302

[32] Dorneo, Allison, Yanlei Ma, Melissa M. Garrido, Steven D. Pizer, Paul R. Shafer, Thomas C. Tsai, Austin B. Frakt, and Jose F. Figueroa. "Characteristics and Benefit Design of Veteran Medicare Advantage Affinity Plans." JAMA Health Forum 6, no. 3 (March 28, 2025): e250159. https://doi.org/10.1001/jamahealthforum.2025.0159

[33] Gao.gov. "Duplicate Payments for Medical Services by VA and Medicare Programs," October 22, 1979. https://www.gao.gov/products/hrd-80-10

[34] Grimm, Christi. "Medicare Could Have Saved Up To $128 Million Over 5 Years If CMS Had Implemented Controls To Address Duplicate Payments For Services Provided To Individuals With Medicare and Veterans Health Administration Benefits." Department of Health and Human Services Office of Inspector General 2023. https://oig.hhs.gov/documents/audit/9651/A-09-22-03004-Complete%20Report.pdf

[35] United States General Accounting Office. "Veterans' Health Care: Use of VA Services by Medicare-Eligible Veterans." Gao.gov, October 1994. https://www.gao.gov/assets/hehs-95-13.pdf

FFS spending benchmark (spending at the VA would be excluded from the benchmark calculation), lower MA plan bids due to MA plans bidding lower based upon incomplete historical experience (VA spending is not included in their actuarial underwriting), and lower risk scores as VA-provided care related to any diagnoses would be excluded from the risk model and plans would not have access to diagnoses made by VA.[36]

When confronted with this problem, policymakers should stick to first principles: veterans who have earned veterans' health benefits and Medicare benefits should be able to use them together in order to realize their full value. To force veterans to choose between them is unjust and violates our society's social contract to care for those who have served.

The proposed H.R. 4077 GUARD Veterans' Health Care Act does not address the decades-old root causes of today's Veterans health benefits coordination challenges. Instead of promoting benefits coordination between the VA and Medicare, the proposed legislation transfers costs from the VA to the Medicare program for both VA and Medicare-associated health benefits while eliminating key fiscal guardrails, requiring payment by an MA plan if any item of service is covered by the MA plan regardless of whether the VA or Medicare program is actually responsible for incurring the cost. This would transfer billions of dollars of cost annually into the Medicare program without any fiscal boundaries or benefits coordination, worsening further insolvency which the Medicare Trustees expect the Hospital Insurance Trust Fund to breach in 2033.[37]

The proposed H.R. 4077 GUARD Veterans' Health Care Act also requires payment regardless of clinical appropriateness and disregards both VA or MA plan care guidelines.[38] Both the VA and MA plans use utilization review, albeit in different ways. For example, for prescription drugs the VA has a single national formulary[39;40] and aggressively implements step therapy, quantity limits,[41] or designates products as non-formulary.[42] In contrast, MA and standalone prescription drug plans (PDP) are generally more likely to use prior authorization than non-formulary designations. In some circumstances, such as the prescription of controlled substances (opioids, barbiturates, benzodiazepines, sedative-hypnotics, and THC products), prior authorization may serve a valid safety function. In other cases, prior authorization may redirect conversations and care towards more appropriate care choices, such as the American Board of Internal Medicine's Choosing Wisely Criteria. While it is known that in some circumstances that prior authorization can inappropriately impede access to care or drug therapy and there is a great need for process improvement, convenience, and significant patient- and clinician-facing improvements,[43;44] this does not obviate the need for some degree of oversight of federally-financed medical care.

The proposed H.R. 4077 GUARD Veterans' Health Care Act ignores existing policy levers to address duplicative payment in MA, notably the VA/DoD adjuster. In MA, CMS applies a VA/DoD adjuster to benchmark FFS per capita

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[36] United States Government Accountability Office. "Medicare Advantage: Action Needed to Ensure Appropriate Payments for Veterans and Nonveterans." Gao.gov, April 2016. https://www.gao.gov/assets/gao-16-137.pdf

[37] "2025 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds Communication from the Boards of Trustees, Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds Transmitting the 2025 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust funds." 2025. https://www.cms.gov/oact/tr/2025

[38] "…Such organization or sponsor shall, to the extent such item or service is covered under such Medicare Advantage plan or prescription drug plan, reimburse the Secretary for such item or service regardless of any additional documentation, utilization management, or other administrative requirement the plan may impose on the item or service." Doggett, Lloyd. "Text - H.R.4077 - 119th Congress (2025-2026): GUARD Veterans' Health Care Act." Congress.gov, 2025. https://www.congress.gov/bill/119th-congress/house-bill/4077/text

[39] www.pbm.va.gov. "VA National Formulary - Pharmacy Benefits Management Services," n.d. https://www.pbm.va.gov/nationalformulary.asp

[40] "Veterans Affairs (VA) National Formulary Frequently Asked Questions 1) Q: Where Can I Find Detailed Information about the VA National Formulary Management Process?" Accessed November 14, 2025. https://www.pbm.va.gov/PBM/nationalformulary/VANationalFormularyFrequentlyAskedQuestions.pdf

[41] E.g. Viagra prescriptions were historically limited to 4 tablets per month thus significantly impacting veteran well-being, See: Spencer, Samantha H, Katie J Suda, Bridget M Smith, Zhiping Huo, Lauren Bailey, and Kevin T Stroupe. "Erectile Dysfunction Medication Use in Veterans Eligible for Medicare Part D." Journal of Managed Care & Specialty Pharmacy 22, no. 7 (June 27, 2016): 818–24. https://doi.org/10.18553/jmcp.2016.22.7.818

[42] Both topical JAK inhibitors for eczema are non-formulary, See: Va.gov. "VA Formulary Advisor," 2025. https://www.va.gov/formularyadvisor/drugs/4040838-RUXOLITINIB-CREAM-TOP and Va.gov. "VA Formulary Advisor," 2025. https://www.va.gov/formularyadvisor/drugs/4044150-DELGOCITINIB-CREAM-TOP

[43] Miller, Brian J. "'Hearing on Medicare Advantage: Past Lessons, Present Insights, Future Opportunities.,'" July 22, 2025. https://waysandmeans.house.gov/wp-content/uploads/2025/07/Miller-Testimony.pdf

[44] Miller, Brian J. "'Reducing Waste, Fraud and Abuse through Innovation: How AI & Data Can Improve Government Efficiency.,'" April 9, 2025. https://www.jec.senate.gov/public/_cache/files/61ff3480-92d4-4798-abbb-35fa2360a278/dr.-brian-j.-miller-testimony.pdf

costs for beneficiaries dually enrolled in VA and/or the DoD health programs,[45] a process last updated in 2022.[46] Instead of statutory change as proposed in H.R. 4077 allowing the VA to bill Medicare for service-connected and non-service-connected care, policymakers should improve data-sharing. Improved and permanent data sharing (beyond any time-limited agreement) would improve VA – Medicare benefits coordination in both the FFS Medicare and MA programs. In FFS Medicare, CMS could implement pre-payment claims editing to ensure that duplicative payment is not made and utilize complete and accurate data as to Veterans' health care utilization across both VA and Medicare to construct the FFS benchmarks underlying MA. In MA, plan would be provided with diagnostic coding occurring in the VA, thus discouraging diagnosis coding "harvesting" behavior that has become a target of significant regulatory and Congressional scrutiny. Subsequent to improved data sharing, Congressional oversight can ensure that CMS updates the VA/DoD adjuster as appropriate and thus completely address any overpayments using existing operational infrastructure.

Instead of the proposed H.R. 4077 GUARD Veterans' Health Care Act, policymakers should focus on data-sharing and benefits coordination. On the care delivery side of the VA, doctors and hospitals participating in Community Care have begun to experience early results from initial data sharing improvements. Regardless, more work must be undertaken to support the prior VA-Department of Defense data partnership through the Joint Health Information Exchange initiated in 2020. The Veteran Interoperability Pledge is in the first phase of 3 steps – (1) accurately identify vets, (2) connect vets, (3) coordinate care;[47] a journey with many long-term, real-world operational challenges highlighted at recent hearing[48] and in OIG reports.[49]

In contrast, the VA has not undertaken the same degree of effort to improve data sharing for its health financing activities such as benefits coordination. MA plans lack access to VA diagnosis coding and utilization, and the VA and MA plans lack a durable, meaningful data interface, creating operational challenges to appropriate payment, with the GAO noting the need for this data coordination as far back as 2016 (a recommendation that the VA has not yet fully executed on resulting in a persistent data feed issue).

Policy should neither favor the VA nor the Medicare program; rather, it should be built around the veteran to ensure that they can access the full potential of their earned benefits. Thus, VA-Medicare benefits coordination must be addressed for the VA and the entire Medicare program, inclusive of both FFS Medicare and MA. To address either without addressing the other would prevent one group of veterans from fully accessing their earned benefits from the Veterans Health Administration and the Medicare program. Furthermore, benefits coordination across Medicare necessitates that the VA and CMS undertake the work to figure out which health costs are the responsibility of the VA due to service-connected disability v. Medicare-funded health benefits. Finally, policymakers will need to undertake subsequent work to address coordination of benefits for the VA and other programs such as Medicaid, just as they have for the Medicare program's interface with Medicaid and other health benefit programs.

2. Lessons from TRICARE and Employer-Sponsored Insurance

Two other insurance markets that interface with the Medicare program – TRICARE military health benefits and Employer-Sponsored Insurance (ESI) – provide examples of how policymakers can improve Veterans-Medicare benefits coordination.

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[45] See page 39, "NOTE TO: Medicare Advantage Organizations, Prescription Drug Plan Sponsors, and Other Interested Parties SUBJECT: Advance Notice of Methodological Changes for Calendar Year (CY) 2026 for Medicare Advantage (MA) Capitation Rates and Part c and Part D Payment Policies," January 10, 2025. https://www.cms.gov/files/document/2026-advance-notice.pdf

[46] See B6 starting on page 27, "NOTE TO: Medicare Advantage Organizations, Prescription Drug Plan Sponsors, and Other Interested Parties SUBJECT: Advance Notice of Methodological Changes for Calendar Year (CY) 2022 for Medicare Advantage (MA) Capitation Rates and Part c and Part D Payment Policies - Part II," October 30, 2020. https://www.cms.gov/files/document/2022-advance-notice-part-ii.pdf

[47] Nebeker, Jonathan. "Closing the Data Gap: Improving Interoperability Between VA and Community Providers." March 24, 2025. https://www.congress.gov/119/meeting/house/118027/witnesses/HHRG-119-VR11-Wstate-NebekerMDJ-20250324.pdf

[48] Congress.gov. "Closing the Data Gap: Improving Interoperability Between VA and Community Providers," March 24, 2025. https://www.congress.gov/event/119th-congress/house-event/118027

[49] "Facilities Faced Challenges Retrieving Medical Records from Community Providers and Importing Them into Veterans' Electronic Health Records," August 7, 2025. https://www.vaoig.gov/sites/default/files/reports/2025-08/vaoig-24-02154-154_final.pdf

TRICARE is a successful health benefits program benefit jointly administered by the government and private contractors with a long history of continued legislative improvements,[50] including the creation of a wraparound plan to allow military retirees to utilize their TRICARE benefits in conjunction with Medicare.

In general, retirees need a holistic health benefits package. Traditional Medicare provides Part A (hospital/skilled nursing facility care) and Part B (physician care) benefits. Beneficiaries must purchase separately supplemental coverage to obtain an maximum out of pocket (MOOP) cap on annual expenses in addition to standalone Part D prescription drug coverage. Part A coverage has no premium, while the Part B premium is income-adjusted. In order to acquire supplemental coverage and prescription drug coverage, retirees can:

1. Purchase a Medigap plan and a standalone Part D prescription drug plan
2. Purchase an MA plan (typically includes functionally both Medigap/Medicare supplemental and Part D coverage as above)

Medicare beneficiaries who are TRICARE-eligible have a third option: to utilize TRICARE for Life as a supplemental plan in place of Medigap (see Figure 1) and utilize TRICARE pharmacy benefits as creditable prescription drug coverage (TRICARE has a Department of War P&T Committee).[51] The 2001 National Defense Authorization Act (NDAA)[52,53] created TRICARE for Life (TFL).[54] Executed through both rulemaking[55,56] and programmatic infrastructure, TFL now covers 2.15 million beneficiaries.[57] TFL serves as a Medigap plan[58,59] and secondary payer for beneficiaries with Medicare A/B benefits who are TRICARE eligible.[60] Features include automatic payment crossover – Medicare pays, then forwards the claim to TRICARE for processing. Since 1995, VA facilities are in-network providers for TRICARE.[61] Unfortunately, TRICARE has no MA option and does not interface with MA and requires the beneficiary to manually file a claim. This is likely a product of timing: TFL was created in 2001 while the 2003 MMA created the modern MA program.

[50] "Evaluation of the TRICARE Program: Fiscal Year 2024 Report," n.d. https://www.health.mil/Reference-Center/Reports/2024/09/23/Annual-Evaluation-of-the-TRICARE-Program-FY24
[51] Military Health System. "DOD Pharmacy & Therapeutics Committee," November 5, 2025. https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Pharmacy-Operations/DOD-PT-Committee
[52] Subtitles B, C "NATIONAL DEFENSE AUTHORIZATION, FISCAL YEAR 2001," October 30, 2000. https://www.congress.gov/106/plaws/publ398/PLAW-106publ398.pdf
[53] DVIDS. "TRICARE for Life Celebrates First Anniversary," July 4, 2025. https://www.dvidshub.net/news/528593/tricare-life-celebrates-first-anniversary
[54] Philpott, Tom. "Tricare for Life | Air & Space Forces Magazine." Air & Space Forces Magazine, December 1, 2001. https://www.airandspaceforces.com/article/1200tricare/
[55] Federal Register. "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)/TRICARE; Partial Implementation of Pharmacy Benefits Program; Implementation of National Defense Authorization Act Medical Benefits for Fiscal Year 2001," February 9, 2001. https://www.federalregister.gov/documents/2001/02/09/01-3240/civilian-health-and-medical-program-of-the-uniformed-services-champustricare-partial-implementation
[56] Department of Defense. "TRICARE; Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Eligibility and Payment Procedures for CHAMPUS Beneficiaries Age 65 and Over." Federal Register 66, no. 150, August 3, 2001. 40601–40636. https://www.govinfo.gov/content/pkg/FR-2001-08-03/pdf/01-19184.pdf
[57] See page 15 of "Evaluation of the TRICARE Program: Fiscal Year 2024 Report," n.d. https://www.health.mil/Reference-Center/Reports/2024/09/23/Annual-Evaluation-of-the-TRICARE-Program-FY24
[58] tricare.mil. "TRICARE for Life Cost Matrix | TRICARE," n.d. https://tricare.mil/Publications/Costs/tricare_for_life_costs
[59] Tricare.mil. "TRICARE for Life Handbook | TRICARE," 2025. https://tricare.mil/Publications/Handbooks/tricare_for_life
[60] tricare.mil. "TRICARE for Life | TRICARE," n.d. https://tricare.mil/tfl
[61] www.va.gov. "VA & TRICARE Information - VA/DoD Health Affairs," n.d. https://www.va.gov/VADODHEALTH/TRICARE.asp

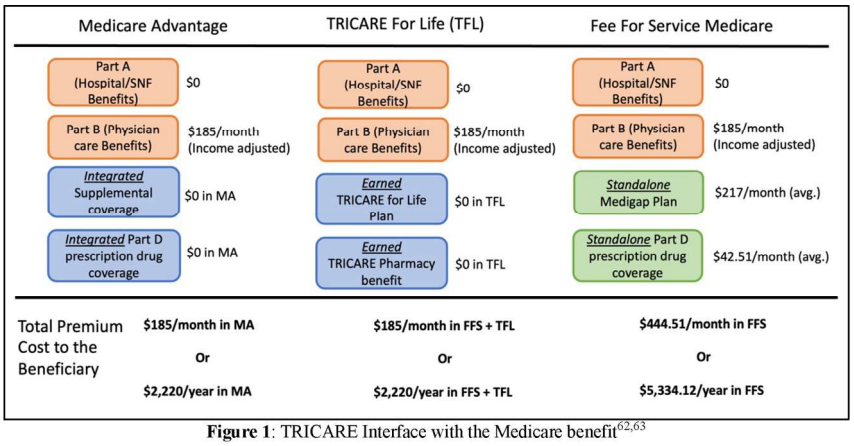

Figure 1: TRICARE Interface with the Medicare benefit[62,63]

The ESI market – while a market subject to much fiscal consternation for the cost of current retiree benefits – has promoted policy innovation in retiree health benefits. For years, employer retiree health benefit plans suffered under the strain of rising costs.[64] In 1988 an estimated 66% of employers offered health benefits[65] a number that decreased by the year 2000 to 37% of large employers offering retired health benefits[66] – now this number stands at 21% of large employers. As has been the case for decades, public employers are more likely than for-profit employers to offer retiree health benefits (63 v. 10%), while large firms with unions were more likely to offer than not (36 v. 16%).[67] In this setting, employers mirrored broader changes in health insurance markets, shifting from indemnity to fee for service to managed care model to create a population-based budgetary framework to manage costs.

Many employers have shifted to managed care as a model for retiree health benefits, as it sets a clear population-based budget for expenditures for the employer.[68] Today's managed care models also decreases health retiree benefit administrative burdens and associated administrative costs for employers, as the employer contracts with a plan administrator and designs benefits in tandem – the employer no longer has to manage benefits directly. From a fiscal responsibility standpoint, MA allows employers to "buy above" the standard Medicare A/B benefits funded by taxpayers and the federal government in a managed care form. Through an Employer Group Waiver Plan (EGWP) or a group MA plan, employers can purchase a unified benefits package that bundles the FFS features of Medigap and Part D with additional supplemental coverage such as vision, dental, and hearing delivered as a customized managed care plan for the retiree group. In exchange, beneficiaries accept a provider network and certain utilization management requirements that are not part of traditional FFS Medicare.

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[62] KFF. "Weighted Average Monthly Premium for Medicare Part D Stand-Alone Prescription Drug Plans | KFF State Health Facts," August 9, 2025. https://www.kff.org/medicare/state-indicator/average-premium-for-pdps/?currentTimeframe=0

[63] Druckman, Jennifer, and Ledia Tabor. "Preliminary Work on Medigap," March 6, 2025. https://www.medpac.gov/wp-content/uploads/2024/08/Medigap-MedPAC-03.25sec.pdf

[64] Schmidt, Robert, and Eric Walters. "2025 Milliman Retiree Health Cost Index." Milliman.com, September 2, 2025. https://www.milliman.com/en/insight/retiree-health-cost-index-2025

[65] Neuman, Tricia, and Anthony Damico. "Retiree Health Benefits: Going, Going, Nearly Gone? | KFF." KFF, April 12, 2024. https://www.kff.org/medicare/retiree-health-benefits-going-going-nearly-gone/

[66] Levitt, Larry, Erin Holve, and Jain Wang. "Employer Health Benefits." KFF, 2000. https://www.kff.org/wp-content/uploads/2013/04/7002.pdf

[67] KFF. "2023 Employer Health Benefits Survey | KFF," October 18, 2023. https://www.kff.org/health-costs/2023-employer-health-benefits-survey/#9862c2c9-b1df-4fbe-9329-e222d483d571

[68] "The Value of Medicare Advantage Employer Group Waiver Plans in the Public Sector: An Introduction." National Institute for Public Employee Health Care Policy, May 9, 2024. https://healthcarepolicy-institute.org/Documents/The%20Value%20of%20Medicare%20Advantage%20Employer%20Group%20Waiver%20Plans%20in%20the%20Public%20Sector_Final.pdf

For the retiree, the EGWP is often richer in terms of benefits and looser in network controls compared to conventional MA plans albeit EGWPs are more restrictive than the any-willing-provider network of FFS Medicare. In this sense, managed care lets the employer transform an uncapped retiree health benefits into a more defined contribution with richer benefits and decreased administrative management headaches. A real world example is the North Carolina State Health Plan[69,70] on whose Board of Trustees I serve, which has ~86% of Medicare retirees in its EGWP product and 14% in its Medigap product.

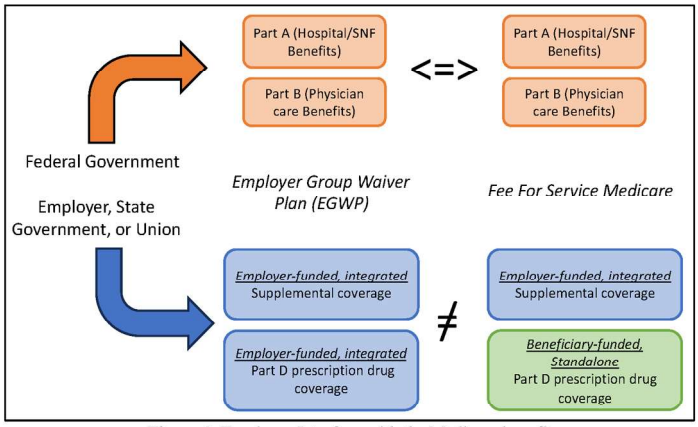

Figure 2: Employer Interface with the Medicare benefit

In contrast to EGWP options, Medigap retiree coverage serves as wraparound plan for Medicare A/B benefits, and lacks networks and utilization review thus exposing employers to higher financial liability without budgetary controls or population-based payment (i.e. capitation). Unsurprisingly, in a setting of real world tradeoffs with a lightly managed retiree health benefits package offer far greater value for the retiree and a more well-defined financial contribution from employers, group MA enrollment has grown from 1.8 million in 2010 to 5.7 million in 2024, including a wide range of unions, state/local governments in addition to large private employers.[71] Half of large employers offering retiree health benefits only offer an EGWP while the other half offer both an EGWP option and what is functionally a Medigap plan.[72]

EGWP payment facilitates a clear delineation between Medicare-funded benefits and employer-funded retiree benefits. With the most recent CMS enabling rule dating back to 2017 and most recently updated for 2026 to modernize the determination of plan bids, the EGWP market offers fiscal and benefit design stability for retirees, employers, and taxpayers. EGWPs are paid based upon the "bid to benchmark ratio" for their MA county quartile of conventional FFS Medicare spending as utilized to determine the conventional MA plan benchmark quartile (ranging from 95-115% of FFS spending). For FY2026 this bid to benchmark ratio averaged 77-78%[73] with separate preferred

[69] North Carolina State Health Plan. "State Health Plan Board of Trustees Meeting," August 15, 2025. https://www.shpnc.gov/documents/board-trustees/board-trustees-presentation-8152025/download?attachment

[70] Briner, Brad, Brian J. Miller, Thomas Friedman, and Emma Turner. "Solving the Challenges of Employee Health Benefits: The North Carolina State Health Plan Story." Forefront Group, October 23, 2025. https://doi.org/10.1377/forefront.20251021.733866

[71] Freed, Meredith, Jeannie Fuglesten Biniek, Anthony Damico, and Tricia Neuman. "Medicare Advantage in 2024: Enrollment Update and Key Trends | KFF." KFF, August 8, 2024. https://www.kff.org/medicare/medicare-advantage-in-2024-enrollment-update-and-key-trends/

[72] Freed, Meredith, Tricia Neuman, Matthew Rae, and Jeannie Fuglesten Biniek. "Medicare Advantage Has Become More Popular among the Shrinking Share of Employers That Offer Retiree Health Benefits | KFF." KFF, November 18, 2024. https://www.kff.org/medicare/medicare-advantage-has-become-more-popular-among-the-shrinking-share-of-employers-that-offer-retiree-health-benefits/

[73] See page 50 of Seshamani, Meena, and Jennifer Wuggazer Lazio. "NOTE TO: Medicare Advantage Organizations, Prescription Drug Plan Sponsors, and Other Interested Parties SUBJECT: Advance Notice of Methodological Changes for Calendar Year (CY) 2026 for Medicare Advantage (MA) Capitation Rates and Part c and Part D Payment Policies," January 10, 2025. https://www.cms.gov/files/document/2026-advance-notice.pdf

provider organization (PPO) and health maintenance organization (HMO) calculations, a number lower than that of conventional MA plans whose bids average 83% of the benchmark. This suggests that the EGWP marketplace is the best of all worlds: a good deal for the employer, retiree and the federal government. EGWP bid to benchmark ratios are increased for star ratings from contracts, resulting in higher payments for quality.[74] STARS is computed at the contract, not plan product level, so the STAR rating likely includes EGWP and conventional MA benes, an opportunity for policy improvement.

EGWPs are popular in states with large numbers of public sector and union retirees. Notably, Michigan has the highest penetration as a share of Medicare enrollees in 2023 with 22%, due to the United Auto Workers and State of Michigan.[75] Union presence is associated with EGWPs, benchmarks are not the driving factor for plan entry.

3. Opportunities to Improve Benefits Coordination

Policymakers have near and long term policy reform opportunities to promote VA – Medicare benefits coordination.

In the near term, CMS and VA need to both execute and expand on recent data sharing agreements and update the VA/DoD adjuster in order to combat fraud, waste, and abuse for veterans enrolled in Medicare (both FFS Medicare and MA) who also have VA benefits. In late 2024, CMS established a computer matching agreement (CMA)[76] expiring December 22, 2025 to allow for CMS and the VA to identify claims where duplicate payments are made. This is a first step in the need for expanded and long-term VA – CMS data sharing, which would help promote better technical and operational integration. For FFS Medicare, this would permit the CMS Center for Program Integrity and eventually the Unified Program Integrity Contractors (UPICs) to regularly identify and address duplicative payment as part of routine pre-payment claims editing. For MA, this would allow CMS to identify services utilized and derive better adjusted FFS benchmarks for MA plans through updating of the VA/DoD adjuster.

Improved and permanent data sharing would allow CMS to have VHA enrollment, utilization, diagnosis data, and other necessary information to improve the accuracy of MA benchmarks and update the VA-DoD adjuster. It is also important for either the VA directly or CMS to indirectly share this information with health plans, so as to avoid duplicative payment and service. Further coordination will be needed between the VA, CMS, and health plans in order to ensure that each item and service provided is funded by the right program – VA or Medicare.

In the long-term, policymakers have an opportunity to drive benefits coordination between the VA and Medicare, allowing veterans to fully access their earned benefits. As a first principle, veterans should be able to fully utilize both earned benefits. Benefits coordination brings up Medicare as secondary payer issues. If Medicare were a primary payer and VA were a secondary payer for all dually eligible veterans for all care, this would decrease financial stress on VA, while simultaneously increasing fiscal stress on Medicare spending. Alternatively, if the VA remained a primary payer for service-connected medical care, with Medicare as a secondary payer as appropriate (or primary payer for non-service connected medical care), the VA would be required to adjudicate in conjunction with CMS which services were financed by VA or Medicare for each veteran, an operationally challenging process.

Creating a Veterans Health Benefits Marketplace is a third and more viable long-term approach that could use elements of the aforementioned two models. A VA Health Benefits Marketplace could allow an annual election of either a veterans-specific Medigap or managed care wrap plan for veterans' combined VA-Medicare benefits during an annual enrollment period for veterans aligned with Medicare annual enrollment. Veterans could choose a VA for Life option[77] modeled after TRICARE for Life which would preserve the veterans' ability to access any VHA facility and the broad,

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[74] See page 136 of "Medicare." Accessed November 14, 2025. https://www.medpac.gov/wp-content/uploads/2025/07/July2025_MedPAC_DataBook_Sec9_SEC.pdf

[75] See page 8, Skopec, Laura, and Stephen Zuckerman. "Medicare Advantage Employer Group Waiver Plans a Primer," 2024. https://www.urban.org/sites/default/files/2024-01/Medicare%20Advantage%20Employer%20Group%20Waiver%20Plans.pdf

[76] "Computer Matching Agreement Between The Department of Health and Human Services Centers for Medicare and Medicaid Services and the Department of Veterans Affairs Veterans Health Administration For Identification And Recovery of Duplicate Payments for Medical Claims Centers for Medicare & Medicaid Services No. 2024-64 Department of Health and Human Services No. 2403." Accessed November 14, 2025. https://department.va.gov/privacy/wp-content/uploads/sites/5/2024/05/CMS-VHA-New-Establishment-CMA-2403_Final_03042024_508.pdf

[77] Miller, Brian J., Jennifer Slota, Theresa A. Cullen, Boris D. Lushniak, and Gail R. Wilensky. "To Transform Veterans Health Care for the next Generation, We Should Learn from TRICARE." Forefront Group, July 26, 2021. https://doi.org/10.1377/forefront.20210721.600774

any-willing-provider network present in FFS Medicare. This would be in addition to promoting that veterans retain and utilize the VA pharmacy benefit.

Alternatively, the veteran could elect a Veterans' Health Advantage Program[78] modeled after the EGWP marketplace allowing the VA, like employers, to "buy above" the Medicare A/B benefit and deliver veteran-specific health benefits on top of Medicare in a managed care form, inclusive of all VA facilities and some privately-delivered care through a select subset of Medicare providers. Akin to the ACA's creation of the CMS Medicare-Medicaid Coordination office, policymakers could task CMS with creating a Medicare-VA coordination office, redeploying staff from other CMS offices, such as the CMS Innovation Center. The VA would need to designate an existing VHA Office (e.g. Community Care) to serve as the point of contracting and regulatory authority.

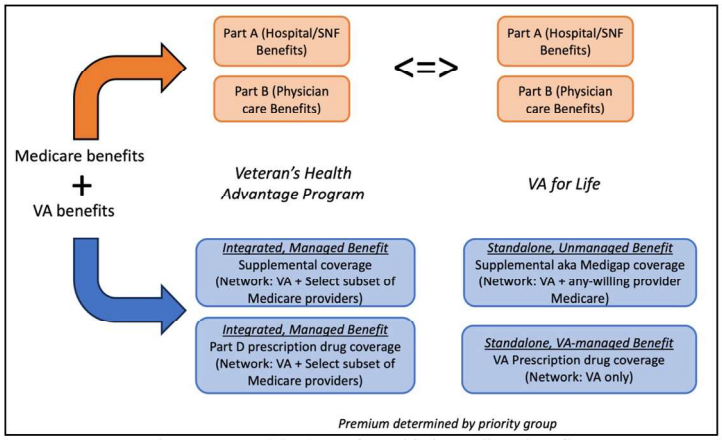

Figure 3: Potential VA Interface with the Medicare benefit

Both the VA for Life and Veterans Health Advantage Program options would:

- Provide the veteran, for the first time, with full access to both their earned veterans' and Medicare benefits simultaneously
- Facilitate benefits coordination across publicly-funded health benefits programs, reducing fraud, waste and abuse in both the VA and the Medicare program (inclusive of FFS Medicare and MA)
- Solidify the primacy of the VA delivery system as the veterans' health care home and maintain the specialized services that VHA is best at providing (and often the private sector does not provide)
- Create a clearer organizing financing chassis for VA Community Care, improving administration and oversight of the program to combat fraud, waste, and abuse

In order to promote continuous policy improvement and oversight, policymakers could statutorily authorize the program on a 5-year cycle to allow for policy improvements and innovation, akin to user fee cycle for prescription drugs and medical devices that permits continued regulatory innovation. Financing could come from annual appropriations to support coverage for VA-Medicare dual eligibles in the VA for Life and Veterans Health Advantage Programs, just as unions and large employers use annual financing to fund the retiree health Medigap and EGWP options.

[78] Miller, Brian J., Jennifer Slota, Theresa A. Cullen, Rhonda Randall, and Arthur M. Southam. "Choice and Competition: The Veterans' Health Advantage Program." Forefront Group, April 29, 2019. https://doi.org/10.1377/forefront.20190424.383802

4. Conclusion

VA-Medicare benefits coordination has been a challenge for decades, with the GAO, HHS OIG, and academic researchers documenting problems in benefits coordination between the VA and both the FFS Medicare and MA programs. Policymakers can look to the Medicare–TRICARE and Medicare–Employer retiree health benefits interfaces for lessons in how to improve VA–Medicare benefits coordination.

H.R. 4077 GUARD Veterans' Health Care Act is not the way to solve this problem, as it does not address the root causes in the challenges of VA—Medicare benefits coordination, subverts medical policy and utilization review in both the VA and Medicare programs, and does not enable veterans to fully access their earned VA and Medicare benefits together in a way that they choose, eliminating veteran agency.

Instead, policymakers should work to improve benefits coordination through a few key steps:

Near term

1. Implement a permanent data sharing agreement between the VA and CMS and promote the creation of long-term technical and operational data integration for enrollment, utilization, diagnosis data, and other necessary information.
2. Subsequent to the above, review and modify the VA-DoD adjuster for MA plans as appropriate, while simultaneously ensuring that UPICs implement durable pre-payment claims editing in FFS Medicare to avoid duplicative payment.

Long term:

1. Create coordination offices at the VA and CMS using the model of the CMS Medicare-Medicaid Office at CMS and ideally tasking the VA Community Care Office on the VA side.
2. Create a Veterans Health Benefits Marketplace with an annual enrollment period aligned with Medicare enrollment.
3. Applying lessons from TRICARE and Large Employer/Union Retiree health benefits, authorize on a 5-year cycle a VA for Life and Veterans' Health Advantage Program to ensure that veterans can fully access their earned VA and Medicare benefits simultaneously.

Thank you, and I look forward to your questions.

Prepared Statement of Kristina Keenan

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 testimony regarding this pending legislation.

H.R. 4077, GUARD Veterans' Health Care Act

The VFW supports this legislation to allow the Department of Veterans Affairs (VA) to recover costs from Medicare Advantage and Medicare Part D plans. This would significantly enhance and clarify VA's authority to recover costs directly from Medicare Advantage plans, helping to offset the expenses of care provided to veterans. Currently, a problem arises with the duplication of Medicare payments for veterans enrolled in both VA and Medicare Advantage or Part D plans. Under existing law, VA is prohibited from billing Medicare for services provided to veterans, which results in private insurers receiving payments from the Centers for Medicare & Medicaid Services without actually covering veterans' care. This loophole leads to taxpayers effectively paying twice for the same services.

Resolution No. 603 (VA Medicare and TRICARE Reimbursement) approved in 2024 at the 125th VFW National Convention acknowledges the significant role that medical care collections can play in supplementing the appropriations that VA receives from Congress. Given the increased demand on VA health care due to the enactment of the PACT Act, it is crucial to ensure that the Veterans Health Administration has adequate funding.

These changes would significantly improve VA's financial flexibility and efficiency. However, careful implementation is essential to avoid unintended consequences. Strengthening VA's authority to recover costs from Medicare Advantage and Part D plans must not create new administrative barriers, delays in care, or confusion for veterans about what services are covered and by whom. VA must ensure that expanded billing authority is paired with modernized claims systems, clear guidance to insurers, and adequate training for VA staff so that reimbursement processes do not slow access to non-service-connected care or generate disputes between VA and private plans. Additionally, rigorous oversight is needed to prevent insurers from shifting liabilities, denying claims inappropriately, or altering provider networks in response to VA's new authority. With strong coordination, transparency, and implementation safeguards, H.R. 4077 can close long-standing payment gaps, protect taxpayers, strengthen VA's financial stability, and maintain or even enhance the quality and timeliness of care veterans receive.

H.R. 6047, Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025

While this legislation proposes increases to Special Monthly Compensation and enhancements to Dependency and Indemnity Compensation (DIC), these gains would come at the expense of disabled veterans. Specifically, the proposal would impose the VA home loan funding fee on veterans with disability ratings of 70 percent and below, who are currently and have always been exempt from this fee. Consistent with Resolution No. 601 (Protecting Health Care and Benefits) approved this year at the 126th VFW National Convention to safeguard the full suite of veterans' benefits and services, the VFW opposes reducing the benefits of one group of veterans to expand those of another.

The VA Home Loan Guaranty program is one of the most enduring and historically significant benefits earned through military service, rooted in the *Servicemen's Readjustment Act of 1944* that helped veterans prosper after service, creating America's middle class. However, this proposal to impose a funding fee on disabled veterans, even on the second and any subsequent uses of the loan, would fundamentally alter that legacy and represents a significant step in the wrong direction. Funding fees have traditionally been used as budgetary offset tools, but applying them to disabled veterans is unprecedented and undermines the foundational belief that these benefits are *earned* through service, not bought with fees.

This policy shift would disproportionately affect veterans who, while not totally incapacitated, often face underemployment, physical limitations, and reduced earning potential due to their disabilities. Charging them a fee for attempting to access secure, stable housing punishes them for trying to reintegrate and build a life after service. Further, while veterans rated at 80–100 percent would continue to receive full fee exemptions, as they should, imposing fees on those below that threshold would create a two-tiered system of worthiness based on disability percentage. Yet all disabled veterans earned their benefits. This sends the message to veterans with lower ratings that they are not disabled *enough* to qualify for this exemption. Dis-

ability ratings reflect medical impairment, not merit, and should not determine financial penalty or access.

Additionally, VA funding fee reduces veterans' homebuying power and increases their long-term housing costs at a time when affordability is already at historic lows. For the average VA loan in 2025 of approximately $398,000, adding a 3.3 percent fee increases the starting loan balance by more than $13,000. It also raises monthly payments, and adds roughly $27,000 in total costs over the life of the loan, much of which is interest on the fee itself. Because most non-exempt veterans finance the fee, they begin their mortgage more than 3 percent underwater and need nearly two more years to reach a break-even equity position. Higher balances, higher payments, and longer periods of negative equity increase the risk of default for veterans.

There are broader consequences, too. This change may create perverse incentives, driving more veterans to pursue higher disability ratings just to avoid the fee, further burdening the VA claims system. For example, bad public policy on the concurrent receipt of Department of Defense retirement and VA disability compensation pay has already created a situation for military retirees to seek disability ratings of 50 percent or higher. The proposed change to the VA home loan policy would once again raise the stakes for veterans now to 80 percent or higher. Moreover, the VFW has warned the House and Senate Committees on Veterans' Affairs *15 times* through testimony over the last 3 years about the exaggerated and fraudulent disability ratings perpetuated by unaccredited and unregulated pay-to-play Claim Sharks. VA's Office of Inspector General issued multiple fraud warnings over these schemes to maximize benefits. With one recent Department of Justice indictment in Puerto Rico and another fraud lawsuit in North Carolina, this kind of policy would likely exacerbate this scourge.

Most importantly, disabled veterans have never paid the VA home loan funding fee in the history of the program. This proposal would represent a deeply concerning shift in how our Nation honors and repays the sacrifices of its disabled service members. Congress must not allow budgetary expediency to come at the expense of those who have already paid a high price in service to their country. The VFW strongly discourages rhetoric like recent *The Washington Post* articles claiming that veteran benefits are too generous. We call on our leaders to "Honor the Contract" by honoring their side of the military service contract to provide veterans with benefits and services as directed by law. If the committee changes the funding mechanism for this legislation, the VFW would be proud to lend our support to this overdue expansion of benefits.

Special Monthly Compensation provides added disability compensation beyond the standard VA schedule rates for veterans with particularly severe disabilities. This proposal would provide eligible veterans a supplemental monthly allowance of $833.33. Veterans eligible for this supplement require 24-hour medical aid and attendance from either a trained layperson or a health care professional, depending on the severity of their injuries. Other than routine cost-of-living adjustments (COLAs) that track Social Security benefits, these severely disabled veterans have not received additional compensation increases in recent years.

For survivors, the proposal would increase DIC by an additional 1 percent every time Social Security benefits receive a COLA. This would take place each year for 5 years unless another piece of legislation were to extend it. After 5 years, DIC would revert to receiving increases only when Congress approved a COLA for this benefit, which is approved through legislation each year and is not automatic. If there were a year with no COLA increase, the DIC rate would not change.

DIC currently lags behind other Federal survivor programs by approximately 12 percent and has not received a non-inflationary increase since the establishment of the current program in 1993. Presently, DIC pays 43 percent of the compensation of a veteran rated 100 percent permanently and totally disabled, while other Federal survivor programs pay 55 percent. This proposed legislation would raise that percentage to only about 45 percent by the end of the 5-year period. While an increase in DIC is desirable, the VFW has been actively advocating for ways to reach the 55 percent rate to achieve parity with other Federal survivor programs. We suggest looking at ways to increase the base rate of this benefit annually, separately from COLA. Improvements to Special Monthly Compensation and DIC are well overdue, and the VFW is eager to work with the committee to find a better mechanism to fund these expansions.

Chairman Bost, Ranking Member Takano, this concludes my testimony. I welcome any questions from you or members of 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 2025, 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 preceding two calendar years.

Prepared Statement of Margarita Devlin

Good afternoon, Chairman Bost, Ranking Member Takano, and Members of the Committee. I appreciate the opportunity to appear before you today to discuss pending legislation, including bills pertaining to disability compensation, dependency and indemnity compensation, education benefits, and home loan guaranty. Joining me today are Ms. Heather Ford, Acting Chief Financial Officer, Veterans Health Administration; Mr. Kevin Johnson, Director, Revenue Operations, Office of Finance, Veterans Health Administration; and Ms. Stephanie Li, Assistant Director, Regulations, Legislation, Engagement, and Training, Veterans Benefits Administration.

H.R. XXXX – "Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025"

The Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025 provides targeted increases in compensation for the most severely disabled veterans and for surviving spouses receiving Dependency and Indemnity Compensation (DIC), while modifying VA home-loan funding fee waivers.

Section 2(a) of the bill would impact service-connected disability compensation benefits. VA disability compensation is typically paid based on the assignment of a percentage of disability rating ranging from 0 to 100 percent. In the early 1960's Congress acknowledged that certain injuries require additional compensation beyond the monetary values that the 1945 rating schedule percentages did not adequately address by creating special monthly compensation (SMC). SMC provides additional benefit payments to compensate severely disabled veterans for the permanent loss of independence, mobility, bodily function, and daily living capability resulting from additional functional and independence-loss caused by catastrophic disability. The tiered SMC system addresses injuries considered catastrophic by nature (i.e., loss of limbs, blindness, paralysis, loss of sphincter controls, or combinations thereof). The hierarchical design formalized those certain injuries that permanently eliminate autonomy and require a different category of compensation not just a higher percentage.

Section 2(a) increases the statutory aid-and-attendance amounts payable to veterans already entitled under 38 U.S.C. § 1114(r) or § 1114(t) by creating a new subsection (u). Effective December 1, 2026, this subsection adds a flat supplemental payment of $833.33 per month to both the standard aid-and-attendance rate and the higher-level care rate—raising those amounts to $3,702.74 and $5,108.18, respectively, based on the December 1, 2024 COLA-adjusted levels.

VA supports the intent of section 2(a) and looks forward to working with Congress to provide additional detail and adjustments to the proposed language.

VA recommends that the amounts be rounded down to the nearest whole dollar. This change would maintain consistency with the other rates codified in 38 U.S.C. § 1114 and simplify claims processing.

Additionally, VA recommends amending 38 U.S.C. § 5312 to align with other Federal entitlement programs that have built-in automatic annual cost-of-living adjustments to improve administrative efficiencies and ensure more timely adjustments.

Section 2(b) increases the basic DIC payment for surviving spouses under 38 U.S.C. § 1311(a)(1) and (a)(3) by providing an enhanced COLA equal to the Social Security cost-of-living adjustment plus 1 percentage point, for five COLA cycles beginning December 1, 2026. After the fifth adjustment, legislation would be needed for future COLAs.

The bill would also require VA to publish the increased rates in the Federal Register.

VA supports the intent of section 2(b) and looks forward to further engagement with Congress to refine the language.

Section 2(b) would amend 38 U.S.C. § 5312 to only authorize an enhanced cost-of-living adjustment solely for the basic rate of DIC payable to a surviving spouse under 38 U.S.C. § 1311(a)(1) and (a)(3). Under this provision, for five COLA cycles beginning December 1, 2026, those rates would increase by the Social Security COLA plus an additional 1 percentage point. The DIC rates for surviving spouses with dependent children under 38 U.S.C. § 1311(f) and for parents under § 1315 would continue to receive an annual COLA equal to the COLA under title II of the Social Security Act. The additional amounts for surviving spouses who are housebound or in need of aid and attendance would not receive a COLA. As drafted, this exacerbates different COLA treatment across DIC categories.

Section 3 of the bill would amend 38 U.S.C. § 3729(c) to temporarily narrow current VA home-loan funding fee waivers, for certain disabled veterans through September 30, 2035.

The Department is reviewing section 3 of this bill and looks forward to working with Congress on further refinement.

H.R. 4077 "Guarantee Utilization of All Reimbursements for Delivery of Veterans' Health Care Act," or the "GUARD Veterans' Health Care Act"

Section 2(a) would add a new 38 U.S.C. § 1729C(a) to require, notwithstanding sections 1814(c), 1835(d), and 1862(a)(3) of the Social Security Act (42 U.S.C. §§ 1395f(c), 1395n(d), and 1395y(a)(3)), that if VA furnishes any health care item or service that is covered under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. § 1395 et seq.) to any individual who is enrolled in Medicare Advantage (MA) plans or Medicare Part D prescription drug plans, the MA organization or Part D sponsor of such plan would be required to reimburse VA for such item or service for both service connected and non-service connected care regardless of any additional documentation, utilization management, or other administrative requirement the plan may impose on the item or service. Proposed section 1729C(b) would provide that VA would have to recover amounts required to be reimbursed through the procedures under 38 U.S.C. § 1729 to the same extent as those procedures are used to recover amounts authorized to be recovered under that section. Recovery of amounts reimbursed would have to be in such an amount, and occur in accordance with such procedures, as VA would prescribe. Proposed section 1729C(c) would state that subsection (a) would apply to MA and prescription drug plan years beginning on or after January 1, 2026. Proposed section 1729C(d) would state that amounts reimbursed to VA under subsection (a) would be deposited in the VA Medical Care Collections Fund (MCCF) under 38 U.S.C. § 1729A.

Section 2(b) would amend sections 1814(c), 1835(d), and 1862(a)(3) of the Social Security Act (42 U.S.C. § 1395 et seq.) to conform these laws with the proposed section 1729C.

VA supports the goal of enhancing cost recovery efforts and improving fiscal responsibility across the Federal Government.

Under current law, VA is prohibited from billing MA plans. This can result in duplicative costs to taxpayers when MA plans are paid for Veteran-enrollees who receive taxpayer-funded care from VA at no expense to the MA plans. Current law also prevents VA from recovering costs, from any payer, for service-connected care. Section 2 would seek to end this practice when billing MA and Medicare Part D plans by requiring MA organizations and Part D sponsors to reimburse VA for cost of both service connected and non-service connected items or services provided to veterans. This reimbursement obligation would apply regardless of any plan documentation or utilization management rules that the MA or Part D plan might otherwise impose.

We would welcome the opportunity for additional dialog with the Committee and the Department of Health and Human Services to understand Federal budget impacts as well as any potential benefits or costs to Veterans currently utilizing both VA furnished care and Medicare programs. We look forward to engaging the Committee for further discussions.

VA does not have a cost estimate for this section at this time.

Section 3 of the bill would amend 38 U.S.C. § 1729 to enhance and clarify VA's authority to recover reasonable charges for care or services furnished to Veterans for non-service-connected disabilities from third parties, including private health insurers, employer-sponsored plans, automobile insurers, and parties subject to tort liability. The statutory revisions would broaden VA's recovery rights to encompass tort, contract, and other coverage circumstances in which a third party is financially responsible for the care necessitated by the non-service-connected disability.

This section would require third-party payers to timely respond to VA reimbursement claims. Specifically, a third party receiving a claim for the cost of care would be required, within 45 days, to either: (A) pay the claim; (B) pay an alternative amount that VA has agreed in writing to accept; or (C) if the claim is disputed, provide written notice of the claim's receipt, stating with specificity either the reason for refusal to pay or the additional information required to substantiate the claim. If additional information were requested, VA would be required to respond within 45 days, and upon receipt of VA's response, third parties would have 15 days to pay the claim or provide a written denial with a clearly articulated reason for the denial.

Interest would accrue at the rate set by the Department of the Treasury for any portion of the claim that remained unpaid after the applicable deadline. These requirements would impose statutory timeframes and documentation requirements for claim resolution, minimize the potential for delayed or disputed payments, and compensate VA for payment delays.

VA supports section 3 of the bill, subject to amendments.

VA supports the enhancement of its recovery authorities proposed in section 3 but has technical edits it recommends be included to ensure these provisions have maximum effect. These provisions would improve cost recoupment from third parties, assign payment responsibility more fairly, and provide additional resources for Veteran care.

VA does not have a cost estimate for this section at this time.

Conclusion

Mr. Chairman, this concludes my testimony. We would be happy to answer any questions you or other Members of the Committee may have.

STATEMENTS FOR THE RECORD

Prepared Statement of Disabled American Veterans

Chairman Bost, Ranking Member Takano and Members of the Committee:

DAV (Disabled American Veterans) appreciates the opportunity to provide testimony for the record of this legislative hearing considering H.R. 4077, the "GUARD Veterans' Health Care Act" and H.R: 6047, the "Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025". DAV is a congressionally chartered nonprofit veterans service organization with nearly one million wartime service-disabled veterans dedicated to ensuring our promise is kept to America's veterans.

H.R. 4077, GUARD Veterans' Health Care Act

DAV understands and greatly appreciates the intention of H.R. 4077, the Guard Veterans' Health Care Act, to strengthen funding for the Department of Veterans Affairs (VA) health care system and to reduce duplicative, unnecessary Federal spending on health care through the Medicare Advantage (MA) program. These are both worthy goals we share with the bill's sponsors and DAV applauds their continuing efforts to ensure veterans have timely and convenient access to VA's high-quality, veteran-centric care. However, looking at the history of VA budget requests and congressional appropriations, we have concerns about whether this legislation would be able to achieve these laudable goals.

Medicare Advantage companies are compensated by the Medicare program on a fixed price per enrollee basis intended to cover the cost of their enrollees Medicare-covered health care expenses. However, when a veteran who is dual enrolled in a Medicare Advantage plan and the VA health care system uses VA for their care, the insurance company is effectively receiving Federal funding for care being provided by VA. In recent years, private insurance companies have been aggressively marketing their Medicare Advantage plans to veterans because, on average, veteran enrollees yield greater profits.

Currently, VA has the authority to seek reimbursement from private insurance companies for the non-service-connected care VA provides to a veteran who is also enrolled in a private health care plan, such as through their employer. VA can bill these insurance companies for care received at a VA facility or through VA's community care program with the resulting reimbursement deposited into VA's Medical Care Collections Fund (MCCF) and subsequently appropriated back to the VA health care system to pay for veterans' health care services. However, Federal law prohibits VA from seeking reimbursement from other Federal health care programs, including Medicare and Medicare Advantage plans operated by private insurance companies.

H.R. 4077 would remove this statutory prohibition and allow VA to seek reimbursement from private companies operating Medicare Advantage plans. The goal of the legislation is to use this new source of revenue to increase the overall level of funding available for VA's health care programs. The bill also aims to reduce overall Federal health care spending by preventing Medicare Advantage companies from receiving payment for medical care provided by VA.

Although the legislation would create a new funding stream for VA, there is nothing in the legislation that would prevent VA or Congress from offsetting this new funding by reducing other sources of funding, principally VA's annual discretionary appropriations. In fact, this is exactly what happened with the MCCF, which was originally designed to provide additional new funding for VA to extend its health care services to more veterans. However, when VA and the Office of Management and Budget (OMB) prepare VA's annual budget request, they begin by estimating how much total funding is required for the next Fiscal Year and then build a total budget request based on all sources of funding available. VA's budget request now includes anticipated funding from the MCCF, the Recurring Expenses Transformational Fund (RETF) and the Toxic Exposures Fund (TEF), and those additional sources become offsets for new discretionary appropriations.

For example, if VA estimates collecting $4 billion from the MCCF in a fiscal year, it reduces its request for new discretionary appropriations by $4 billion. Similarly, if VA anticipates having $25 billion in mandatory funding from the TEF, it similarly reduces its discretionary appropriations request by $25 billion. There is no reason to believe, and no provision in the legislation to guarantee, that VA would not use the new Medicare Advantage reimbursement revenue in the same manner – as an offset against future discretionary appropriations requests – rather than as extra funding above what would have otherwise been available. While we fully respect the sponsors' intention to increase overall funding for VA health care, based on the history of the MCCF and other alternate sources of funding, we have concerns about whether this would actually occur.

H.R. 6047, Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act

H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025, would increase the amount of Special Monthly Compensation (SMC) for the most severely disabled veterans, increase the amount of Dependency and Indemnity Compensation (DIC) for survivors of disabled veterans, and require disabled veterans rated 70 percent or less to pay funding fees for using the VA home loan guaranty program more than once. While DAV strongly supports the two benefit increases included in the legislation, we cannot support the provision of funding fees on disabled veterans and urge the Committee to remove that provision.

DAV greatly appreciates the efforts of the Committee and the bill's sponsors to provide a long overdue increase in benefit levels for some of the most deserving veterans and their survivors. We have consistently advocated to increase rates of disability compensation, DIC and other critical supports that veterans have earned through their sacrifice and service. We recognize that the Committee operates under a House fiscal responsibility rule adopted in January, known as CUTGO ("cut-as-you-go"), that requires any legislation that would increase mandatory spending on veterans benefits to include commensurate mandatory spending reductions in other veterans benefit programs. Because increasing the home loan funding fee would effectively reduce this benefit for disabled veterans, we oppose this provision based on DAV's longstanding and fundamental opposition to any reduction in earned benefits for disabled veterans, particularly large ones such as the funding fee imposition.

The VA home loan guaranty program has enabled millions of veterans to purchase homes, and especially those who do not have long credit histories or are unable to make large down payments. For disabled veterans, these funding fees have been waived in recognition of the circumstances and sacrifices of these American heroes. H.R. 6047 would eliminate the current fee waiver and apply the funding fees for service-connected disabled veterans rated 70 percent or less who use the loan guaranty more than once. Currently, the funding fee rate for a second or subsequent use, based on a down payment of 5 percent or less, is 3.3 percent of the total loan amount. On a typical $400,000 loan, the new funding fee would be more than $12,000 if paid upfront, or more than $25,000 if financed over the course of a 30-year mortgage. To put that in context, that is about the same cost as if the veteran wanted to purchase a home with one more bedroom or bathroom for their family.

Furthermore, DAV firmly opposes all rules or statutes that require veterans benefit increases to be "paid for" by cuts to other veterans benefits. CUTGO and all similar PAYGO ("pay-as-you-go") rules and laws essentially require veterans to pay for their own benefits, whereas we believe that **ALL Americans** should be paying for the benefits and services veterans have earned in defending our freedom. For these reasons, we urge Congress to exempt all veterans' programs, benefits and services from House CUTGO and Senate PAYGO rules adopted for the 119th Congress, as well as the requirements of the Statutory Pay-As-You-Go Act requirements.

We look forward to continuing our work with this Committee and Congress to enact legislation and appropriations that will ensure all disabled veterans, their families, caregivers, and survivors receive the benefits and services they have earned and deserve.

Prepared Statement of French Hill

FRENCH HILL
2ND DISTRICT, ARKANSAS
COMMITTEE ON FINANCIAL SERVICES
CHAIRMAN
HOUSE PERMANENT SELECT COMMITTEE ON INTELLIGENCE
SUBCOMMITTEE ON NATIONAL INTELLIGENCE ENTERPRISE
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The Honorable French Hill
Statement for the Record
House Committee on Veterans' Affairs
U.S. House of Representatives
December 3, 2025

Chairman Bost, Ranking Member Takano, and members of the subcommittee, thank you for the opportunity to submit a Statement for the Record. I appreciate the opportunity to offer my insights for the Legislative Hearing considering H.R. 6047, the *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025*.

Since I came to Congress, I have been an outspoken advocate for our nation's veterans. I believe it is absolutely imperative that we ensure that our veterans, service members, and their families receive the care and benefits they have earned and deserve. But the best advocacy is always done by those closest to our veterans, such as Sharri Briley Eric Edmundson for whom the bill is named.

Arkansas's Second Congressional District is home to many of our brave veterans and active service members stationed at Little Rock Air Force Base and Camp Robinson. My district is also home to Sharri Briley, for whom H.R. 6047 is partially named. Many of you know her as the surviving spouse of CW3 Donovan Lee "Bull" Briley, an Army Special Operations Blackhawk helicopter pilot who tragically lost his life during Operation Gothic Serpent, known to many as Black Hawk Down.

After losing her husband, Sharri Briley began her mission of serving fallen service members and their families. Central Arkansas has significantly benefited from Sharri Briley's work, which includes, but is not limited to, advocating for policy changes on behalf of other Gold Star spouses in Congress and volunteering at the Arkansas State Capitol for Hearts of Our Heroes, a nonprofit organization dedicated to helping families of deceased military members. Sharri Briley also serves as a spokesperson for Gold Star Families of Arkansas. Central Arkansas and our nation benefit from Sharri Briley's service and leadership – it is a privilege to represent her in Congress.

I also want to honor Eric Edmundson, the Army Veteran who shares the namesake of this legislation. While serving in Iraq, Eric Edmundson was hit by an improvised explosive device (IED), and he sustained life-changing injuries that ended his ability to speak or walk. Today, Eric Edmundson lives a full life, with his wife and parents supporting him in daily life. Families of catastrophically injured veterans are often forgotten, and they, too, deserve our respect and expanded benefits.

I am humbled to stand with Sharri Briley and Eric Edmundson on their mission to increase benefits for catastrophically injured veterans, their families, and their survivors. That is why I am honored to be an original cosponsor of H.R. 6047, the *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025*. This legislation provides long overdue benefit increases for an often overlooked group of veterans and their families for the first time in over twenty years. I extend my sincere thanks to my colleague, Representative Tom Barrett of Michigan, for sponsoring this bill and championing this effort.

As a committed advocate for our nation's veterans, I am pleased that H.R. 6047 will fill critical gaps in the delivery of Veterans' Affairs (VA) benefits to over 500,000 veterans and their families. Those who have made great sacrifices for our nation should never have to worry about making ends meet. This legislation delivers critical support to those who have not seen their benefits expanded in over two decades - catastrophically injured, widows, dependents, and survivors. It is time for Congress to change that. This bill will positively impact the lives of veterans and their families. To put it simply, this bill honors our nation's promise to care for our veterans and their families. I respectfully urge my colleagues on the House Committee on Veterans' Affairs to support H.R. 6047 so the bill can be one step closer to becoming law.

Thank you for your consideration. I stand at the ready to work with the Committee on this critical legislation and efforts to support our veterans and their families.

Prepared Statement of The American Legion

TESTIMONY
OF
BAILEY B. BISHOP
SENIOR LEGISLATIVE ASSOCIATE
LEGISLATIVE DIVISION
THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
LEGISLATIVE HEARING
ON
"LEGISLATIVE HEARING ON: H.R. 6047, 'THE SHARRI BRILEY AND ERIC EDMUNDSON VETERANS BENEFITS EXPANSION ACT OF 2025', H.R. 4077, THE 'GUARD VETERANS' HEALTH CARE ACT"

DECEMBER 3, 2025

EXECUTIVE SUMMARY

LEGISLATION	POSITION
H.R. 6047: Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act (Barrett) *Pg. 3*	Support with amendments
H.R. 4077: GUARD Veterans' Healthcare Act (Doggett) *Pg. 8*	Support

TESTIMONY
OF
BAILEY B. BISHOP
SENIOR LEGISLATIVE ASSOCIATE
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December 3, 2025

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, on behalf of National Commander Dan K. Wiley, and more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to offer our written testimony regarding proposed legislation.

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

H.R. 6047: Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to increase the dollar amounts for the payment of certain disability compensation and dependency and indemnity compensation under the laws administered by the Secretary.

The *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* seeks to provide a well-overdue increase in financial benefits for survivors and catastrophically disabled veterans receiving care through the Department of Veterans Affairs (VA). The American Legion extends our thanks and appreciation to the Committee for consulting with our team on this legislation and considering our recommended changes.

Section 2(a): Increase in Rates of Wartime Disability Compensation

The first proposed expansion of benefits increases monthly rates of Wartime Disability Compensation Special aid and attendance benefit, often referred to as SMC, by $833.33 for those in need of a higher level of medical care. Often, these veterans need complex and costly care that is provided by a hybrid of VA care, private in-home nursing care, and uncompensated labor from a family caregiver. This is an 8.7% increase in the basic compensation for most recipients, awarded to catastrophically disabled veterans with severe injuries and illnesses because of their military service.

Discussing the needs of catastrophically disabled veterans naturally calls for a discussion regarding the caregiver economy. As Vietnam Era veterans continue to age, industry experts warn our nation's infrastructure is not adequately prepared to handle the impending surge in elder care needs.[1] Research conducted by the American Association of Retired Persons (AARP) finds that 75% of adults 50 and older prefer to age in place in their own homes and in their own community.[2] Not only is this option more preferred, but it is also more cost-effective than caring for veterans in an institutional setting.[3]

In a 2024 RAND study on the state of military and veteran caregivers, RAND estimates that caregivers provide an estimated $119 billion to $485 billion in uncompensated labor every year.[4] Additionally, RAND estimates that military caregivers incur $8,583 in out-of-pocket expenses annually, on top of significantly high rates of under- and unemployment in the caregiver community.[5] Those caring for catastrophically disabled veterans should not have to choose between caring for their loved ones in their communities and making ends meet.

An increase in compensation rates for this population is long overdue. We support this through Resolution No. 20: *Home and Community-Based Services and Veteran Choice to Age In Place.*[6] The American Legion is highly supportive of this section of the legislation and we look forward to working with the Committee and partners in the space to ensure that these veterans have access to the care and support they have earned.

Section 2(b): Increase in Rates of Dependent and Indemnity Compensation

The American Legion is proud to serve the surviving families of servicemembers and veterans. In August 2025, The American Legion Auxiliary (ALA) signed a Memorandum of Understanding (MOU) with the Tragedy Assistance Program for Survivors (TAPS) at the 106th National Convention, formalizing a longstanding relationship with both entities committing to increased collaboration between the two organizations. The MOU emphasizes ALA and TAPS's shared commitment to working in tandem to coordinate on outreach, advocacy and community-based initiatives.

As the largest Veteran Service Organization in the country, The American Legion Family has an obligation to support the families of fallen servicemembers, regardless of cause or service connection. The American Legion's staff in Washington, D.C.—some of whom are survivors themselves—have worked to support TAPS's efforts during their visits to Capitol Hill and as volunteers during their Annual National Military Survivor Seminar and Good Grief Camp over Memorial Day weekend.

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[1] Jones, Charles H, and Mikael Dolsten. "Healthcare on the brink: navigating the challenges of an aging society in the United States." *NPJ Aging*. 6 Apr. 2024, https://pmc.ncbi.nlm.nih.gov/articles/PMC10998868/

[2] Binette, Joanne, and Fanni Farago. *2024 Home & Community Preferences Among Adults 18 and Older*. Washington, DC: AARP Research, December 2024. https://doi.org/10.26419/res.00831.001

[3] Fikar, Christian, and Patrick Hirsch, "Home Health Care Routing and Scheduling: A Review," Computers & Operations Research, Vol. 77, January 1, 2017.

[4] Ramchand, Rajeev, et al, America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows. Santa Monica, CA: RAND Corporation, 2024. https://www.rand.org/pubs/research_reports/RRA3212-1.html.

[5] Ibid

[6] "Resolution No. 20: Home and Community-Based Services and Veteran Choice to Age In Place." The American Legion Resolutions and Founding Documents, October 6, 2021. https://archive.legion.org/node/3579

It is through this partnership and lived experience that The American Legion understands the importance of ensuring that survivors have access to the resources and support that meet their unique needs. The Disability and Indemnity Compensation (DIC) rate is at the center of these discussions and remains a top legislative priority for The American Legion.

Established in 1993, DIC offers surviving spouses, dependent children, or parents of servicemembers who died in the line of duty or veterans who pass away due to service-connected causes monthly compensation following their loss. The base amount that a surviving spouse receives is $1,653.07 per month, which is approximately 43% of the veteran's previous Permanent and Total disability compensation that they would be bringing in if they were still living.[7]

Other than the annual Cost of Living Adjustment (COLA), these rates have not been re-evaluated and adjusted since 1993. As many military families know well, life in the military has transformed dramatically since the beginning of the first Clinton Administration. In 1993, the average net wage (compensation subject to Federal income taxes) was $22,191.14.[8] Twenty years later, the average net wage nearly tripled to $63,932.64 in 2023.[9] Despite families bringing in more income than in 1993, the costs of living have outpaced wage growth, and they are spending significantly more on common goods and services than before.

According to the Economics and Statistics Administration within the U.S. Department of Commerce, the weekly cost of childcare in 1993 was approximately $79.[10] In 2025, the weekly cost of childcare ranges from $130.25 to $473.25, depending on the state.[11] For survivors who are single parents raising children, it is not economically viable for the parent to work full time and supplement the cost of childcare.

The American Legion is highly supportive of the DIC rate increase specified Section 2(b) of this proposal. However, the optimal solution would be to pass H.R. 680, *Caring for Survivors Act,* to bring the DIC rate to at least 55% to ensure parity with other survivor benefits throughout the Federal Government.[12]

Through Resolution No. 19: *Ensuring Parity for Survivor Dependency and Indemnity Compensation*, The American Legion is highly supportive of provisions which increase DIC with preference for the benefit to reach the same level which is found in other federal programs, and we applaud the Committee for their continuing commitment to survivors.[13]

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[7] U.S. Department of Veterans Affairs. "Survivor Rates for VA Dependency and Indemnity Compensation (DIC)." U.S. Department of Veterans Affairs. https://www.va.gov/family-and-caregiver-benefits/survivorcompensation/dependency-indemnity-compensation/survivor-rates

[8] "Measures of Central Tendency for Wage Data." U.S. Department of Health and Human Services, Social Security Administration. 2023. https://www.ssa.gov/OACT/COLA/central.html

[9] Ibid

[10] Casper, Lynne M., "What Does It Cost to Mind Our Preschoolers?" U.S. Department of Commerce, Economics and Statistics Administration. September 1995. https://www2.census.gov/library/publications/1995/demographics/p70-52.pdf

[11] "Child care costs in the United States." Economic Policy Institute. September 2025. https://www.epi.org/child-care-costs-in-the-united-states/

[12] U.S. Office of Personnel Management. "How Is the Amount of My Benefits as a Surviving Spouse Determined?" U.S. Office of Personnel Management. Accessed 3/5/2025. https://www.opm.gov/frequently-asked-questions/retirefaq/post-retirement/how-is-the-amount-of-my-benefits-as-a-surviving-spouse-determined/

[13] "Resolution No. 19: Ensuring Parity for Survivor Dependency and Indemnity Compensation." The American Legion Resolutions and Founding Documents, October 8, 2025. https://archive.legion.org/node/17163

Funding Mechanism Challenges

Offsetting the cost of increasing SMC and DIC rates is the crux of this discussion and is vital to review in context of this essential benefit expansion. At the onset of the 119th Congress, the House of Representatives agreed on rules that mandate any new spending be offset by spending cuts or revenue-generating programs within the Committee's jurisdiction before it can be considered for a vote. Currently, the VA Home Loan Fee is one of the only mechanisms that the House Committee on Veterans' Affairs can utilize to fund new initiatives or offset the cost of any proposed benefit expansions.

H.R. 6047 proposes adjusting the current VA Home Loan funding fee provisions to require veterans with up to 70% disability rating to pay the 3.3% funding fee for a subsequent use of a VA Home Loan. As previously expressed to the Committee, The American Legion remains deeply concerned with the funding fee provision proposal and strongly urges the Committee to explore alternatives to provide adequate funding. As a resolutions-based organization governed by our membership, we must acknowledge that The American Legion has a resolution that is opposed to the existence of the VA Home Loan funding fee in its entirety. Resolution No. 314: *Support Elimination of the VA Home Loan Funding Fee* directly states, "The American Legion's The American Legion supports the elimination of the Department of Veterans Affairs (VA) Home Loan funding fee."[14]

The American Legion also opposes implementing new fees for disabled veterans to pay for other benefits due to House Budget Rules. Resolution No. 38: *Exempt VA Benefits and Services from Pay-Go Provision* expresses The American Legion's mandate from our membership for veteran programs to be exempt from this rule, and we strongly advise the Committee to consider this option.[15] Resolution No. 38 argues that benefits and services provided to service-connected disabled veterans, their dependents, and survivors through the Department of Veterans Affairs should be exempt from the Pay-As-You-Go (PAY-GO) provision within the Budget Enforcement Act. Veterans and their families earned these benefits through voluntary service to the country, and The American Legion is reluctant to continue supporting legislation that normalizes funding mechanisms that treat VA benefits as a zero-sum game for their recipients. Additionally, we are concerned with the potential precedent this change would set for future funding for benefits being derived from other groups of veterans.

The American Legion opposes Section 4 of H.R. 6047 through Resolution No. 314 and Resolution No. 38 and strongly recommends an alternate payment mechanism.

An alternative funding mechanism to pay for these proposed compensation increases could be expanding the population who can qualify for a VA Home Loan. The American Legion strongly supports the ability to transfer home loan eligibility to certain dependents through Resolution No. 8: *Home Loan Guaranty Program Ability*[16] and has long supported this option to increase the impact of the VA Home Loan program as a legislative priority across multiple sessions of

[14] "Resolution No. 314: Support Elimination of the VA Home Loan Funding Fee." The American Legion Resolutions and Founding Documents, August 31, 2016. https://archive.legion.org/node/466.
[15] "Resolution No. 38: Exempt VA Benefits and Services from Pay-Go Provision." The American Legion Resolutions and Founding Documents, August 31, 2016. https://archive.legion.org/node/299
[16] "Resolution No. 8: Home Loan Guaranty Program Eligibility." The American Legion Resolutions and Founding Documents, May 2023. https://archive.legion.org/node/15012

Congress. [17] Expanding the VA Home Loan benefit to include transferability promotes financial stability and supports the well-being of veterans and their families, especially if the case of the veteran's death. Granting family members access to the VA Home Loan benefit would demonstrate our nation's gratitude for military sacrifices and commitment. Using the additional funds generated from this program to enhance benefits for surviving dependents is an elegant solution and strengthens the financial well-being of thousands of military families.

One concern surrounding VA Home Loan transferability is higher foreclosure rates for civilians than veterans and therefore expanding the population would have negative financial impacts to the housing market and VA Home Loan program as a whole. It is important to consider that according to the Federal Housing and Finance Agency's National Mortgage Database, 0.2% of all mortgages are either in foreclosure, bankruptcy, or deed-in-lieu. When parsed by lender type, Enterprise Acquisitions (acquired loans that are not guaranteed by a government agency) have a foreclosure rate of 0.1%. In comparison, Government/Non-Conventional (government insured, guaranteed, direct loans) mortgages have a foreclosure rate of 0.3%.

According to VA's Agency Financial Report (AFR) for FY 2024, VA reported 1,370 foreclosed residential properties in VA's inventory, with 15,362 foreclosure proceedings in process in 2024.[18] In comparison to the rest of the market, an estimated 322,103 properties were in foreclosure proceedings throughout 2024.[19] Based on the current housing market data, a dependent is no more likely to default on their mortgage than the veteran from whom they received the transferred benefit.

The American Legion is also supportive of this funding mechanism because it does not violate Resolution No. 314: *Support Elimination of the VA Home Loan Funding Fee.*[20] The resolution describes its opposition to a veteran paying the funding fee, but does not explicitly govern its application for dependents, stating, "This is the equivalent of requiring the veteran to 'purchase' a benefit that historically could be used cost free; and…The funding fee paid to VA has had a negative effect on many veterans by adding significantly to the cost of a VA loan, or by deterring other veterans from using an earned benefit…"[21]

The American Legion recognizes that it has supported benefit expansions in the past that have been funded through the revenue generated from the VA Home Loan Fee. As a non-profit VSO, our primary commitment is to ensure veterans and their families have access to the benefits and services they have earned. Until veteran benefits are exempt from austerity measures, all VSOs will be required to choose between interests that conflict with one another.

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[17] O'Neil, Kevin. "Statement of Kevin O'Neil, Senior Policy Associate, Veterans' Employment and Education Division, The American Legion, Before the Subcommittee on Economic Opportunity, Committee on Veterans' Affairs, U.S. House of Representatives: On Pending and Draft Legislation." June 12, 2024. https://www.legion.org/getmedia/953be4af-fe16-4e33-ab90-46be318496cb/HHRG-118-VR10-Wstate-ONeilK-20240612.pdf

[18] "Fiscal Year 2024 Agency Financial Report." U.S. Department of Veterans Affairs, November 2024. https://department.va.gov/wp-content/uploads/2024/11/2024-va-afr-full-report.pdf

[19] "U.S. Foreclosure Activity Declines in 2024." *ATTOM Data,* ATTOM. January 15, 2025. https://www.attomdata.com/news/most-recent/2024-year-end-foreclosure-market-report/

[20] "Resolution No. 314: Support Elimination of the VA Home Loan Funding Fee." The American Legion Resolutions and Founding Documents, August 31, 2016. https://archive.legion.org/node/466.

[21] Ibid

Ultimately Congress, and specifically the House of Representatives, has the power to ensure that programs for veterans and their families are sufficiently funded and, at a minimum, commensurate with the rates of other federal programs and adequately keeps pace with inflation. The American Legion urges the Congress to ensure that the VA is both appropriately and fully funded to address the needs of veterans and their families.

Ensuring that our country has a strong defense and remains a key player on the world stage is expensive. If the Federal Government is committed to upholding its promise to care for those who have borne the battle, its budget should reflect that intention.

The American Legion supports the draft legislation with amendments.

H.R. 4077, Guarantee Utilization of All Reimbursements for Delivery of (GUARD) Veterans' Health Care Act

To amend title 38, United States Code, and the Social Security Act to permit recovery from the Department of Veterans Affairs of costs from Medicare Advantage and Medicare prescription drug plans and to modify the authority for recovery by the United States of reasonable charges for certain care or services furnished to veterans for non-service-connected disabilities, and for other purposes.

The VA estimates that 50.2% of veterans who are enrolled in VA's health care system are also enrolled in and receive coverage through Medicare.[22] Among those enrolled in Medicare, "34.2 percent reported Medicare Part D Coverage, 35.6 percent reported Medicare Advantage (MA) coverage, and 19.6 percent reported that they purchased Medigap coverage."[23] This results in the government paying twice for health services to veterans who are enrolled in MA and prescription drug plans. According to estimates, the amount paid by this loophole amounted to as much as 17% of the VA's healthcare spending in 2021.[24]

H.R. 4077 seeks to address this by allowing VA to collect the government payments for treatment they provide, instead of the payments going to insurers for unused MA benefits. The legislation would also strengthen VA's ability to collect money from third-party insurance providers for care provided through VA and provides enforcement mechanisms for instances of a failure in payment. The Congressional Budget Office estimates correcting this issue would generate approximately $10 billion annually for VA but also argues that this could potentially lead to Medicare negotiating higher prices to account for this loss.[25]

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[22] Wang, Z. Joan, et al, "2021 Survey of Veteran Enrollees' Health and Use of Health Care." U.S. Department of Veterans Affairs. Sept 24, 2021. https://www.va.gov/VHASTRATEGY/SOE2021/2021_Enrollee_Data_Findings_Report-508_Compliant.pdf

[23] Ibid

[24] Schilling, Bridget. "Issue Brief VA MA Payment Loophole." MedicareAdvocacy.org, August 7, 2025. https://medicareadvocacy.org/wp-content/uploads/2025/08/CMA-Issue-Brief-VA-MA-Payment-Loophole.pdf.

[25] Meyers, David and Andrew Ryan, "RE: Response to Request to Estimate Spending Impact of Proposed VA/MA Legislation" Letter from Brown University School of Public Health to Senator Elizabeth Warren and Representative Lloyd Doggett, June 20, 2025.

The American Legion supports this bill through Resolution No. 372: *Oppose Closing or Privatization of Department of Veterans Affairs Health Care System*.[26] This Resolution clearly states that The American Legion supports legislation that would allow Medicare to reimburse VA for services provided by the VA.

The American Legion supports H.R. 4077 *as currently written*.

CONCLUSION

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, The American Legion thanks you for your leadership and for allowing us the opportunity to provide feedback on legislation.

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

[26] "Resolution No. 372: Oppose Closing or Privatization of Department of Veterans Affairs Health System." The American Legion Resolutions and Founding Documents, August 31, 2016. https://archive.legion.org/node/517

Prepared Statement of University School of Public Health

Ensuring Value and Efficiency in Veterans' Health Care:

Addressing Overpayments and Strengthening Medicare-VHA Alignment

David J. Meyers, PhD, MPH

Testimony of David J. Meyers submitted to the House Veterans' Affairs Committee on health care payment systems for veterans 65 and older on December 3, 2025.

CAHPR Center for Advancing Health Policy through Research

School of Public Health Brown University

Ensuring Value and Efficiency in Veterans' Health Care
Addressing Overpayments and Strengthening Medicare-VHA Alignment

Testimony of David J. Meyers[1]
Associate Professor and Vice Chair of Health Services, Policy and Practice
Associate Director of the Center for Advancing Health Policy through Research (CAHPR)[2]
Brown University School of Public Health

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

December 3, 2025

[1]The opinions and conclusions expressed in this testimony are the author's alone and do not necessarily reflect those of Brown University, the Brown University School of Public Health, or any of the research sponsors.
[2]The Center for Advancing Health Policy through Research (CAHPR) at the Brown University School of Public Health is dedicated to generating research that informs policies aimed at reducing costs, improving patient well-being, and driving meaningful transformations in U.S. health care delivery. Our work focuses on the design of insurance plans and their interactions within the health care market, employing a unique approach that integrates quantitative policy analysis with legal evaluation. This combined methodology helps identify the most effective legal and regulatory changes to create a significant impact. While this testimony is not a research publication, it is informed by relevant research conducted by CAHPR and its affiliates.

Chairman Bost, Ranking Member Takano, and distinguished members of the committee, thank you for the opportunity to submit testimony on this vital topic. My name is David Meyers. I am an associate professor and vice department chair of Health Policy at the Brown University School of Public Health and Associate Director of the Center for Advancing Health Policy through Research (CAHPR). My research focuses on the Medicare Advantage (MA) program, examining how payment policy and market dynamics impact federal spending and patient care. The testimony I submit is in my personal capacity as an expert on MA and U.S. health care payment systems, and are informed by recent studies conducted by my colleagues and me estimating duplicative spending among veterans dually enrolled in both MA and the Veterans Health Administration (VHA).

I will make three points in my testimony:

1. The current payment structure for dually enrolled veterans creates inefficiencies and unnecessary costs that may lead to over $20 billion in potentially duplicative spending each year.
2. Without reform, these inefficiencies will grow as MA enrollment continues to expand.
3. There are straightforward potential policy solutions that could improve alignment of payment, protect taxpayer resources, and strengthen the sustainability of veterans' health care.

How MA and the VHA Payment Leads to Duplication and Wasteful Spending

Veterans who are eligible for care from the VHA and who are also Medicare eligible due to age, disability, or having end-stage renal disease, may be dually covered for their healthcare needs by two different insurance and delivery systems. Depending on where they receive care, and whether they are enrolled in Traditional Medicare or Medicare Advantage, may lead to very different spending by the federal government.

Under the current system, when a veteran is only eligible for the VHA and not enrolled in Medicare, the VHA is the primary payer for all of their services. The VHA receives an appropriation from Congress that is used to cover the care needs of services that are provided to Veterans. Things become more complicated when Veterans are dually eligible for VHA and Medicare. When a Veteran is enrolled in both the VHA and traditional Medicare, only one program pays for a given service, which prevents duplicate federal payments for the same care. It is an entirely different scenario when a veteran is dually enrolled in the VHA and a Medicare Advantage plan.

In Medicare Advantage, private plans are paid by the Centers for Medicare and Medicaid Services (CMS) on a per capita rate each year to cover all required member needs. These capitation rates are based on historical traditional Medicare spending in a county, and are risk-adjusted based on the measured chronic conditions of beneficiaries in these plans.[3] Because capitation rates reflect the total cost of Medicare-covered services a beneficiary might receive in a year, they implicitly assume that the MA plan will cover all of those services.

[3] https://www.commonwealthfund.org/publications/explainer/2024/mar/how-government-updates-payment-rates-medicare-advantage-plans

Table 1: Who Pays for Services Based on Enrollment

Setting	VHA Alone	VHA / TM	VHA / MA
Care at a VHA Provider	VA pays	VA pays	VA pays
Care from a Community Care Provider	VA pays	VA or Medicare pays	VA or MA Plan pays
Prescriptions	VA pays	VA pays	VA or MA Plan pays
VA HCBS and Wraparound Services	VA pays	VA pays	VA pays
Medicare Suplemental Benefits	N/A	N/A	MA Plan Pays
Capitated Payments	N/A	N/A	Medicare Pays MA Plan

In the VA context, this is not the case. When a dual VA/MA beneficiary receives care from a VHA provider or through its community care program, the VHA pays. When they receive prescription medications through the VHA pharmacy benefit, the VHA also pays. The key difference is that the MA plans are still paid a full capitation rate under the assumption that they are providing services for beneficiaries, that, in all likelihood, they are not. The MA plan may pay for additional supplemental benefits that are not covered by the VHA, however for the most part, the VHA covers most healthcare, and yet the MA plan is also paid, leading to duplication. In the Table above, the higher the VHA payments and the plan capitation payments (highlighted in yellow), the greater the duplication.

What is the Current and Projected Impact of These Payment Inefficiencies

The duplication of payments by the VHA and to MA plans in their capitation payments is already of significant concern and has worsened as the MA program has grown.

In a study we published last year, we found that from 2011 to 2020, the number of MA / VHA dually enrolled beneficiaries who used VA services increased from 634,000 in 2011 to 1,033,000 in 2020.[4] These beneficiaries and their care accounted for $78 billion in VHA spending over the time period. In newer work, we find that From 2021 to 2023 there was an additional $59.4 billion in additional spending, with $22.7 billion in 2023 alone, representing nearly one-fifth of the VHA congressional appropriation in that year.

There are three factors that are potentially contributing to increasing VHA spending for MA enrollees . First, the overall number of VHA beneficiaries enrolling in MA is increasing substantially. Second, among those who have dual coverage, a greater share are becoming reliant on VHA services, which increases the duplicate payments if plans are not being charged. Third, this overall growth in spending is also being influenced by the growth of Community Care, which is more expensive than VHA provided care. Given this increased enrollment, we projected forward what would happen over the next ten years if this continues.[5] Under modest assumptions about this continuing growth rate and accounting for inflation, **we estimate from 2026 to 2035, a total of $357 billion in VHA will be paid by the VHA for beneficiaries that MA plans are also being paid to cover for the same services.** (Table 2).

[4] https://jamanetwork.com/journals/jama/fullarticle/2824364
[5] https://cahpr.sph.brown.edu/sites/default/files/documents/Public%20Comments/Response%20to%20Request%20to%20Estimate%20Spending%20Impact%20of%20Proposed%20VA_MA%20Legislation%20(1).pdf

Table: Spending projects based on historical growth rates

Year	Estimate of VHA/MA Beneficiaries Who Use Care	Estimate of Total Spend per Beneficiary	Total VHA Spend
2026	1,553,466	$20,159.13	$31,316,521,835.03
2027	1,535,103	$21,066.29	$32,338,920,553.95
2028	1,515,769	$22,014.28	$33,368,561,640.32
2029	1,494,608	$23,004.92	$34,383,340,116.93
2030	1,470,541	$24,040.14	$35,352,002,620.89
2031	1,444,775	$25,121.95	$36,295,552,750.28
2032	1,418,010	$26,252.44	$37,226,226,776.05
2033	1,391,426	$27,433.79	$38,172,078,259.70
2034	1,365,621	$28,668.32	$39,150,050,796.20
2035	1,340,902	$29,958.39	$40,171,256,230.06
Total			$357,774,511,579.40

The substantial growth in VHA / MA dual enrollment makes sense from the perspective of an MA plan. Plans are currently able to grow their member share of these dually enrolled Veterans and get paid substantial amounts for them in the capitation payments, while largely only being on the hook for paying for their own supplemental benefits. While these supplemental benefits may be attractive for many Veterans, there is currently limited evidence on their long term usefulness and value in addressing member health needs. This has not stopped MA plans from rapidly trying to grow their enrollment among Veterans, largely though the marketing of Veterans affinity plans, which may worsen these trends by pushing growth even higher.[6]

How Can These Challenges Be Addressed

Neither CMS nor the VA can fully address this issue without congressional action.[7] Currently, if a beneficiary is eligible for both Medicare and VHA benefits, under Medicare Secondary Payer laws, the VA is the primary payer for VHA-authorized services, and Medicare does not and cannot pay. Medicare is statutorily prohibited from making payments to a federal health care program legally obligated to render the services, including the VHA.[8] Further, the VA is statutorily prohibited from seeking payment from Medicare for VA-authorized services provided to veterans with Medicare coverage.[9] Put differently, the VA's ability to recover payment for VHA-covered services from a veteran's third-party source of coverage excludes Medicare.[10]

There are two potential strategies that could be used to address this issue. First, payments to MA plans could be reduced for all Veterans who are enrolled in the plan on a member-by-member basis. Plans could still be paid a rebate for covering supplemental benefit use, but would not receive full Part A/B premium-based capitation payments for their dually enrolled veterans. This would be analogous to the

[6] https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.00302
[7] https://cahpr.sph.brown.edu/sites/default/files/documents/CAHPR_VHA-MA%20PolicyBrief.pdf
[8] 42 U.S.C. §§1395f(c), 1395n(d).
[9] 42 U.S.C. § 1395f(c) and 38 U.S.C. §1729(i)(1)(B)(i)
[10] 38 U.S.C. § 1729

current carve-out of hospice services in the MA program. However, this option would not permit VHA to recoup payment from MA plans for services provided to dually enrolled veterans. While this open would save taxpayers, it would do nothing to provide support to the VHA without additional appropriate by congress.

A second and potentially more comprehensive solution would be to authorize the VA to collect reimbursements for care provided to MA enrollees from plans, similar to the VHA's ability to collect such reimbursements from other private providers. It is my understanding that the Guarantee Utilization of All Reimbursements for Delivery of Veterans' Health Care Act or GUARD VA Act would make the necessary changes to the statute to allow for this recoupment of costs to occur.[11] While it is unlikely that the VA will be able to receive reimbursement for every instance of care provided to VHA / MA dual beneficiaries, given the enormous growth in spending in this space, such a law could potentially result in substantial savings for the VHA and federal spending overall by shifting the costs from the VHA to MA plans that are currently profiting from this arrangement.

Additional Considerations for the GUARD VA Act

The GUARD VA Act could address much of the current problem by tackling overpayments bringing reimbursements for VHA / MA dual beneficiaries more inline with the rest of the U.S. healthcare system. Still, there are three important considerations that are important to keep in mind.

First, by requiring MA plans to cover VHA costs, the Act would increase plan spending on veterans. This could make caring for veterans less profitable and raise concerns about cuts to benefits. However, several factors suggest these risks are limited. For one, prior research shows that payment changes in MA tends to have only modest effects on benefits.[12][13] Further, the MA market is competitive and if a plan reduces too many of its benefits it runs the risk of losing members to competitors which would ultimately be more costly to plans.[14] Aside from specific veterans affinity plans, veterans make up a relatively small percentage of most plans' overall enrollment, reducing the likelihood of major changes in benefit design.

Second, for plans where veterans make up a large share of their members, any changes that increase their spending could affect bidding behavior. If a plan anticipates higher costs, they may increase their bids, which could reduce rebate payments and increase Medicare spending. While this may in part offset some of the savings from this legislation, there is reason to believe that the impact may be muted. Most MA plans currently bid under or near the benchmark that is set based on historical traditional Medicare spending. In an analysis of MA bid data, we find that this is even true among plans with high VHA enrollment. Because these benchmarks serve as an upper limit on Medicare spending, any increases in bids are likely to be constrained and smaller than the savings generated through allowing reimbursement.

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[11] https://www.congress.gov/bill/119th-congress/house-bill/4077/text?s=2&r=1&q=%7B%22search%22%3A%22HR4077%22%7D

[12] https://hcp.hms.harvard.edu/sites/default/files/assets/users/Working%20Papers/Pricing_Pass-through_MA_1-12-23.pdf, https://www.aeaweb.org/articles?id=10.1257/aer.20151362, https://www.sciencedirect.com/science/article/pii/S0047272716300767?casa_token=u0zM69X2c3UAAAAA:uTIir-6_3Bgi6bgOOMqvYfi_2SIogq4Dvt1t76VddW3lDuklpvk3VxUZap3DWVsq3BkuCQIWEA

[13] https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.01031

[14] https://www.aeaweb.org/conference/2025/program/paper/sKb9ikK8

Third, it is important to note that CMS already applies a VA and Department of Defense (DoD) adjustment factor in the calculation of MA plan benchmarks. Currently, CMS calculates an adjustment factor based by comparing the Traditional Medicare spending among beneficiaries who are eligible for VA/DoD healthcare compared to beneficiaries who are not. If CMS finds that Traditional Medicare spending in a county for VA/DoD beneficiaries is lower than average spending, then the adjustment factor leads to higher benchmarks in that county, and the reverse if the VA/DoD beneficiaries have higher spending than the average beneficiary. The reason CMS does this is because if Medicare / VHA beneficiaries are receiving most of their care from the VA, their spending is not being properly accounted for when setting payment rates for MA beneficiaries. In most cases, the adjustment factor leads to higher MA benchmarks, as VHA beneficiaries have lower Traditional Medicare spending because they rely on the VHA for some or most of their care. The existence of this policy does not negate the need for legislation such as the GUARD VA Act and may in fact make the situation worse. Under this current policy, if in certain counties, veterans are using VHA services at higher rates, this will lead to higher payments to MA plans. If in those same counties, VHA / MA dual beneficiaries are also reliant on the VHA for a greater share of their services, which is a reasonable assumption, it will make the duplicate payment problem worse, particularly for plans that have very high enrollment among veterans. Given the inefficiencies with this current policy, it may be better to directly include VHA spending into the calculation of benchmarks if the VHA will have the ability to bill MA plans as any other provider would.

In Conclusion

In summary, MA plans receive full capitation payments for veterans even when the VHA provides much of their care, leading to large and growing duplicate federal spending. Without legislative action, this problem will worsen over time. The VA Guard Act could make an important difference in reducing duplicate spending, and creating a more sensible care and financing system for our nation's veterans.

Prepared Statement of Tragedy Assistance Program for Survivors

STATEMENT OF

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES HOUSE OF REPRESENTATIVES

LEGISLATIVE HEARING

H.R 6047, SHARRI BRILEY AND ERIC EDMUNDSON VETERANS BENEFITS EXPANSION ACT OF 2025

H.R. 4077, GUARD VETERANS' HEALTH CARE ACT

DECEMBER 3, 2025

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military or veteran loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances or geography of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all delivered at no cost to military survivors. TAPS offers additional programs, including, but not limited to, the following: the 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to peer survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 120,000 bereaved military survivors.

In 2024 alone, 8,911 newly bereaved military and veteran survivors connected to TAPS for care and services, the most in our 30-year history. This is an average of 24 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2024, 37 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 29 percent were grieving the death of a military loved one to suicide; and only 3 percent were grieving the death of a military loved one to hostile action.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other — more newly bereaved — survivors by working and volunteering for TAPS.

Chairman Bost and Ranking Member Takano, and distinguished members of the House Committee on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement for the record on issues of importance to the 120,000-plus surviving family members of all ages, representing all services, and with losses from all causes who we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources to all those grieving the death of a military loved one, regardless of the manner or location of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to crucial survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military and veteran survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on its programs and services as well as fulfills any referrals to support all those grieving the death of a military and veteran loved one.

TAPS President and Founder Bonnie Carroll served on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors,* where she chaired the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the nation's highest civilian honor.

SHARRI BRILEY AND ERIC EDMUNDSON VETERANS BENEFITS EXPANSION ACT OF 2025 (H.R. 6047)

TAPS Supports Increasing Dependency and Indemnity Compensation (DIC) for Survivors and Special Monthly Compensation for Severely Disabled Veterans

TAPS remains committed to improving the Department of Veterans Affairs (VA) Dependency and Indemnity Compensation (DIC) for surviving spouses and providing equity with other federal survivor benefits. We continue to work with Members of Congress to:

- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran, in parity with other federal survivor programs.
- Reduce the time frame a veteran needs to be rated totally disabled from 10 to five years to assist families who have become caregivers for their disabled veteran, and to allow more survivors to become eligible for DIC benefits.

DIC is a tax-free benefit paid to eligible surviving spouses, dependent children, or dependent parents of service members who die in the line of duty or veterans whose death resulted from a service-related injury or illness. More than 506,000 surviving spouses receive DIC from the VA.

The current monthly DIC rate for eligible surviving spouses is $1,653.07 (Dec. 1, 2024) and has only increased due to cost-of-living adjustments (COLA) since 1993. TAPS is committed to working with Congress to raise the DIC base rate from 43 percent to 55 percent ($2,107.22) of the compensation rate paid to a 100 percent disabled veteran ($3,831.30), in parity with other federal survivor programs. We are also working to ensure the DIC base rate is increased equally, and to protect added monthly amounts, like the eight-year provision and Aid and Attendance.

The ***Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025*** **(H.R, 6047),** introduced by Congressman Tom Barrett (R-MI-07), would increase DIC by one percent annually over five years, in addition to the yearly COLA inflation adjustment. This incremental improvement would raise the current base rate of DIC from 43 percent ($1,653.07) to 48 percent ($1,839.02) over 5 years. Although this bill would not completely eliminate the total 12 percent delta from 43 to 55 percent, TAPS greatly appreciates the House Veterans Affairs Committee working to increase the base rate of DIC equally for eligible surviving spouses of veterans who died before or after Jan. 1, 1993. Increasing DIC is long overdue and imperative to the financial well-being of our families of the fallen.

This legislation would also increase Special Monthly Compensation (SMC) for our catastrophically disabled veterans by adding a supplemental monthly allowance at the rate of $833 or $10,000 a year for veterans eligible for Aid and Attendance. This critical improvement will positively impact the lives of our most vulnerable veterans and provide much-needed financial support for their families, who must shoulder the immense responsibility of caregiving. Unfortunately, TAPS recognizes that many of these caregivers will become survivors. In 2024, 37 percent of survivors seeking TAPS support and services were grieving the death of a military loved one to illness, and many of these survivors were caregivers for their severely disabled veteran before their passing.

TAPS and the survivor community have supported strengthening survivor benefits for many years, especially for military survivors who only receive DIC and Social Security payments. Together, we continue to push for the passage of the bipartisan ***Caring for Survivors Act of 2025*** **(H.R.2055, S.611)**, introduced by Representatives Jahana Hayes (D-CT-5) and Brian Fitzpatrick (R-PA-1), and Senators Richard Blumenthal (D-CT) and John Boozman (R-AR). This important legislation would increase DIC from 43 percent to 55 percent or $454 a month, providing parity with other federal survivor programs. It would also reduce the timeframe a veteran needs to be rated totally disabled from 10 to five years to assist families who have become caregivers for their disabled veteran, and to allow more survivors to become eligible for DIC benefits.

Unfortunately, the Congressional Budget Office (CBO) score for the ***Caring for Survivors Act*** increased exponentially after the passage of the ***PACT Act*** **(Public Law 117-168)**. The VA estimated there were potentially 382,000 survivors who may be eligible for PACT-related benefits: 146,000 potential DIC claims based on previously denied deceased veterans' claims and 236,000 potential DIC claims based on previously denied survivors' claims.

During a meeting with the VA last year, TAPS was informed that because the VA does not track cause of death, the potential 382,000 PACT Act-impacted survivors included all manners of death — those who died of natural causes, age-related conditions, by suicide, or in car accidents — not just those filing claims related to toxic exposure. This helps to explain why, after extensive outreach by the VA and organizations like TAPS, to date, only 40,775 survivors have applied for PACT-related benefits.

Unfortunately, the VA's potential survivor numbers have informed CBO scoring of survivor legislation, including the ***Caring for Survivors Act, Love Lives On Act,*** *and the* ***Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025****,* almost doubling the cost and making it difficult to find funding with broad support from the veteran, military, and survivor community for these important bills impacting DIC.

However, increasing DIC benefits for our surviving families remains a top priority for TAPS and The Military Coalition (TMC), which consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families. TAPS currently serves as a TMC Vice President.

The following statements from survivors demonstrate how stringent limitations on DIC payments continue to have negative financial and widespread impacts on housing, employment, transportation, food security, and medical and mental health care for surviving families, and the critical need to improve these earned survivor benefits:

Jean Gibbs, Surviving Spouse of CW3 David A. Gibbs, U.S. Army

"My husband, Chief Warrant Officer 3 David Gibbs, proudly served our nation for 18 years in both the U.S. Marine Corps and the U.S. Army. He was killed in a helicopter crash in Kosovo in 1999 while serving his country. At the time of David's death, our children were just 10, 8, and 6 months old. Overnight, I became both mother and father, raising them alone while carrying forward David's legacy of service and love.

"Because David's death occurred before 9/11 and before reaching 20 years of service, I do not receive his military retirement. My focus for many years was on raising our children — ensuring they had the stability and opportunities David would have wanted for them. But as a result, I had little ability to plan or save for my own future.

"Today, surviving spouses like me receive only 43 percent of what a 100 percent disabled veteran would receive, while civilian federal survivors receive 55 percent. The Caring for Survivors Act of 2025 would close that gap, adding about $454 per month in benefits. For me, that isn't just a number — it represents security, dignity, and peace of mind as I grow older after 26 years of sacrifice and perseverance.

"In addition, the Sharri Briley and Eric Edmunson Veterans Benefits Expansion Act of 2025 would provide a much-needed increase to survivor benefits — raising the monthly support payment by an additional one percent annually for the next five years. This would be the first non-cost-of-living increase since 1993, helping surviving families like mine keep pace with today's economic realities. Passing this legislation would be a meaningful step forward, but true parity will only come when survivors receive the full 55 percent that other federal survivor programs provide."

Harry McNally, Surviving Spouse of SGT Shanna Golden, U.S. Army

"Increasing the amount of DIC to levels identical to other federal survivor benefits should have been done decades ago. As it stands, the implication is that the death of a veteran or service member is worth less than the death of other federal employees."

Julie McAdoo, Surviving Spouse of Maj Kevin McAdoo, U.S. Air Force (Ret.)

"My name is Julie McAdoo, and I am the surviving spouse of Major Kevin McAdoo, U.S. Air Force (Ret.). I am also the child of retired USAF Senior Master Sergeant Dennis Nealson, a USAF veteran myself, and now the proud mother of a New Hampshire Air National Guard member. I am asking you to support increasing Dependency and Indemnity Compensation (DIC) from 43 percent to 55 percent of the compensation a veteran would receive if rated 100 percent disabled.

"As a military spouse, I left my own career in the Air Force to support our family, sacrificing years of career advancement, retirement contributions, and Social Security credits. This has left me financially behind my peers who maintained consistent careers. I don't regret choosing to serve my family over fulfilling my career potential, but those lost years created long-term financial consequences that only became significant when Kevin died unexpectedly at the age of 49, leaving me a widow at 44 with two daughters aged 11 and 13.

"Losing Kevin was the most devastating event of our lives. His death upended every plan our family had for the future. We had just relocated for his career to a new state thousands of miles away from family and friends, and purchased the most expensive home we'd ever owned. The month after he died, our household income dropped by 40 percent. We lost all of his income and half of his military retirement, while our expenses — mortgage, insurance, utilities — remained unchanged. In the months that followed, I set aside my career again to care for our grieving children. I left two well-paying jobs over the past five years because they didn't allow the flexibility I needed to help my children recover and thrive after their father's death. That decision further reduced our income by 40 percent, which compounded our financial vulnerability. Like many surviving spouses, I have repeatedly prioritized my family's stability and well-being over financial gain.

"DIC has been a lifeline. Without it, we could not have remained in our home. DIC helps me cover basic needs — utilities, dental care for my daughters, and essential home repairs. However, the current DIC rate, set at only 43 percent of the compensation a veteran would receive if totally disabled, does not adequately reflect the loss of a family's primary earner or the lasting financial impact of military service and sacrifice. I have to defer home maintenance and even my own dental and medical care to meet our family's needs. There are parts of our home we just can't use, like the living room in winter, because we can't afford to fix our fireplace.

"As my children age out of benefits and our support decreases, the inadequacy of the current rate becomes even more pronounced. When my oldest turned 18, we lost $409 per month in DIC alongside her Social Security benefit, even though she still lives at

home while attending school. These reductions make it increasingly difficult to maintain stable housing, afford rising utilities, address deferred home maintenance, and cover health and dental costs not provided under TRICARE, and support my daughters through college and into adulthood.

"Raising DIC to 55 percent would not be a handout; it would be a correction. Other federal survivor programs — such as those administered by the Department of Justice and the Department of State — provide benefits at 55 percent of the comparable rate. The current disparity undervalues the service and sacrifice of those who gave their lives for our nation and the families who supported them during that service. DIC is not charity, it is an earned benefit, grounded in the promise our nation makes to those who serve and their families."

Michelle Fitz Henry, Surviving Spouse of SCPO Theodore Fitz Henry, U.S. Navy

"I am the surviving spouse of a career service member who died in the line of duty, and I am also a retired public safety officer (PSO). I had only four and a half years on the job as a firefighter/paramedic when my husband died. The survivor benefits I could have provided to my husband, a 21-year career Navy SEAL, far outweigh the survivor benefits I receive.

"It is well past time the gap be addressed. Public safety officers and military service members both face significant risks, but military service is global, constant, and often requires long periods of time away from their families due to multiple deployments. The disparity between what is paid to survivors of PSOs and the families of our nation's fallen sends a bad message to both the service members and the families that love and support them.

"COLA does not keep pace with inflation and hasn't for over 30 years since DIC was last evaluated in 1993. Health care costs, like Medicare premiums, have risen at a faster rate than COLA. The inadequacy of DIC only being corrected for a Consumer Price Index (CPI)-driven cost-of-living adjustment can force survivors to dip into savings sooner and cut back on spending for things like medications and groceries.

"I appreciate the Sharri Briley and Eric Edmunson Veterans Benefits Expansion Act of 2025, which would increase DIC by one percent over five years, but I remain committed to working to increase DIC to 55 percent in line with federal worker survivor programs to help bridge the huge gap between PSO survivor benefits and military survivor benefits. I ask that the service of our military members be recognized and valued as that of our public safety officers and their families. The loss of life in service to our nation should be valued equally, whether that uniform is military or civilian."

Nancy Mullen, Surviving Spouse, WO1 Sean Mullen, U.S. Army

"My name is Nancy Mullen, and I am the surviving spouse of WO1 Sean Mullen, who was killed in action (KIA) in 2013. We met when I was 28 and married at 29, and by that time, I already had a college degree, my Certified Public Accountant (CPA) license, and was a couple of years into my career. My brother was active-duty Army, but I have to say I still had no idea what I signed up for!

"Throughout the next few years, we moved several times — including a short-notice move to Fort Campbell, Kentucky, as my husband transitioned from Army infantry to special forces selection and trained as a medical sergeant. After several moves and four jobs later, I gave up my own defined benefit pension at my initial job and was finally able to just partially vest in the employer match portion of my own 401(k). Getting promotions was difficult as the topic of 'how long do you think your husband will be here' would often come up in informal conversations. After all, who would want a partner or accounting leader who may have to resign in a couple of years? Honestly, I hate to say I understand the hesitancy. There is no doubt that being an Army wife impacted my own retirement and slowed my career trajectory as I moved to support him and his career. But it is what we do, and he was worth every bit of it. I'd do it all again.

"When I lost Sean and learned about the benefits, I was honestly appalled. I had a degree and experience in a stable field and could support myself…but what about others? Even in my situation, I was concerned about my financial well-being after the loss of a majority of his income and loss of the future military pension that he would have received. Sean's teammates were shocked and angry to learn how inadequate the benefits were, as they had always been told — and believed — that our country would take care of their families should they make the ultimate sacrifice.

"There have been several improvements to our benefits since 2013, and I am thankful for those who stood up and championed our cause. But we can and should continue to do better. Raising DIC to 55 percent, bringing it in line with other federal survivor benefits, is the right and equitable thing to do. To continue to let our benefits lag behind those of other federal employees' survivors dishonors not only our fallen and their families, but I truly believe dishonors those currently serving. What message does that send to our service members who put their lives on the line and often go months without their families, miss holidays and births, work tirelessly in unsafe conditions in foreign countries, and continuously train in order to be ready to defend all of us? How much is your freedom worth? We are the price of war. We are the price of having a strong and capable military. We can do better. Please support the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025."

Sylvia Pierson, Surviving Spouse of CAPT Brett M. Pierson, U.S. Navy

"When I lost my 58-year-old husband to military service-connected brain cancer in August 2024, I could not have anticipated that it was the first of two blows in a massive one-two punch that irreparably changed my life. Indeed, a mere nine months after I lost the love of my life, my employer announced that they were eliminating my job.

"Those blows to my heart — and my financial security — were no joke. Now, not only would I be navigating life without my husband of 37 years, but I would also be trying to find a job and secure medical benefits as a 59-year-old in a tough job market while trying to live on Dependency and Indemnity Compensation (DIC) that amounts to less than five percent of what my husband and I had been earning. While I'm grateful to have money coming in, relying on an earned benefit that amounts to only 43 percent of a 100 percent disability rating solidly ranks my income at below the poverty level, places me in a financially precarious situation, and makes me worry about what will happen to me in the future if I ever have to figure out how to pay for costly assisted living.

"When my husband died, he had faith that the survivor benefits he had earned throughout his 30-year career would take care of me. I cannot imagine his heartache and worry if he were to know that not only is DIC paid out at 43 percent — rather than the 55 percent paid out across other federal survivor benefits — but that our life spent serving our nation across 19 moves would render it more difficult for me to find a job. After all, military spouses who have to move every two to three years are never able to fully climb the corporate ladder and attain the financial and retirement security that civilian spouses are able to achieve.

"Aligning DIC to the 55 percent that is standard in the civilian sector would not only achieve much-needed parity but would go a long way toward honoring our military families who sacrifice so much for our nation. This slight increase would also enable our bereaved families to worry just a tiny bit less about their financial security while they also navigate their new lives and figure out how to maintain their security, dignity, and sense of self."

Melissa M. Dunczyk, Surviving Daughter of SP4 James N. Gehrke, U.S. Army

"On Sept. 27, 2024, I stood by mom's side at James A. Haley Veterans Hospital in Tampa, Florida, as we received my father's devastating diagnosis, Stage 4 pancreatic cancer. My last conversation with my father, just days before he passed on March 23, 2025, was about a promise: I would personally follow through with Mom's claim for Dependency and Indemnity Compensation (DIC) and, more importantly, continue to advocate for the rightful increase to ensure Mom would be taken care of. It pains me

that she faces the emotional anguish of this significant loss, along with the financial strain of having her Social Security benefits reduced and her caregiver pay ceasing 90 days after my father's passing. We were fortunate that her DIC application was approved within three weeks, and it was one less thing to worry about.

"The approval reduced my father's benefits to 43 percent. This is 12 percent lower than the 55 percent compensation rate provided for federal survivors. My father was not 'less than' any other federal employee; he was equal. He, like many other Vietnam veterans, was drafted — he was not given a choice but did his service. Raising the DIC rate to 55 percent is not an act of charity, but an act of equality that ensures veteran survivor benefits are finally made equal to those of other federal survivors.

"My mother, like many other seniors and widows, lives on a fixed income. The rising cost of daily life — from essential medications, utilities, groceries, and even supplemental insurance premiums — has made some choose what to pay each month. This modest increase in DIC would alleviate these constant financial stressors, providing a foundation of stability and dignity. It is profoundly unsettling and painful to recognize that we are nearly at the end of 2025, and there has been virtually no adjustment to the DIC rate since 1993, aside from standard cost-of-living adjustments (COLA).

"As a daughter, I made a promise to my dying father. But this fight is larger than that promise. Changes are urgent and needed now for Mom, for Kimberly, for Erin, for Janet, for Sue, and countless others I have met. This increase is about supporting the loved ones left behind, who deserve the financial security and recognition, and who supported their service members from the day they signed on the dotted line. This increase shows the survivor community the respect and dignity they deserve as their loved ones' service was not in vain."

Amanda Lee Pitzer, Surviving Spouse of CPO Larry Pitzer Jr., U.S. Navy

"Losing my husband changed every aspect of my life — emotionally, mentally, and financially. As a widow and a mother, my greatest concern has always been ensuring stability for my family. While Dependency and Indemnity Compensation (DIC) provides some support, the reality is that at only 43 percent of a 100 percent disability rating, it simply isn't enough to keep surviving families financially secure. The gap between what is provided and what is actually needed forces many of us into impossible situations, choosing between paying bills, securing our futures, or being present for our children.

"For me, that meant returning to school to earn my doctorate and taking on five part-time jobs just to bridge the gap. Despite my education and qualifications, I am still years behind my peers in both earnings and retirement savings, with no access to

employer-sponsored benefits, like retirement accounts. Like so many other survivors, I am constantly running on empty — physically, emotionally, and financially — just trying to stay afloat.

"Raising DIC to 55 percent, bringing it in line with other federal survivor benefits, would provide much-needed financial relief to families like mine. It would mean that widows and widowers wouldn't have to overextend themselves with multiple jobs just to make ends meet. Instead, they could focus on building sustainable careers, securing their financial futures, and — most importantly — being present for their children.

"This increase would acknowledge that the sacrifices made by our fallen service members do not end with their passing. Their families continue to bear the weight of their loss, and they deserve support that reflects the true cost of that sacrifice. For so many of us, this is not just about numbers on a page, it is about survival, stability, and the ability to rebuild a future with dignity and hope."

Katie Hubbard, Surviving Spouse of CSM James Hubbard Jr., U.S. Army

"Due to my husband's status at the time of his death, the only financial benefit we are eligible for is DIC. Command Sergeant Major (CSM) James W. Hubbard Jr. died May 21, 2009, while in treatment for leukemia caused by the burn pits in Iraq. Having your income cut by more than 60 percent while trying to navigate funeral costs, bills that aren't stopping, and unexpected ambulance and ER charges nearly took me out, too.

"My mental health was not conducive to returning to the workplace quickly after being his caregiver and dealing with the unexpected loss, yet I had to figure out something to make up the income or lose our home too. My future, my best friend, and my normal were gone.

"While a 12 percent increase doesn't seem like much, any widow living paycheck to paycheck can tell you it is. The military is a federal entity, yet its survivors are treated less than. Passing the Caring for Survivors Act would show military widows that their spouses and themselves are cared for and not forgotten."

Heather Welker, Surviving Spouse of SSG Mark Welker, Missouri National Guard

"My husband loved this country and gave it 21 years of his life. During those years, he would always tell me, 'It's for our future.' So his career was first priority, which took time away from family. It was supposed to make retirement years easier for us, or so we thought. In October of 2022, he was diagnosed with cancer, and the tumor was in a location that had no possibility of surgery because of organs and arteries. It also denied

him the ability to continue working, so he was granted disability. I soon had to leave my employment of 18 years to be his caregiver.

"Fast forward to March 5, 2024, that morning my husband died from his service-connected cancer. We were robbed of our golden years together. I have not been able to find employment comparable to what I had before, plus the loss of any income he provided through disability. The increase in DIC to 55 percent of the single disability rate would allow breathing room. I would not be looking for a second job at the age of 54."

Lynn Tennant, Surviving Spouse of SSG Adrian Tennant, U.S. Army

"Adrian, a 20-year retired Army veteran, lost his life after a very brief and hard 34-day battle with acute lymphoblastic leukemia (ALL) T-Cell. He left behind me, his wife of 18 years, and two young children, ages 13 and 9 at the time. Adrian had only been retired from the Army for seven years. He never truly got to enjoy his retirement, as he enrolled in college to pursue a career in information technology. I gave up my career to let him follow his goals and raise our children.

"His loss has put a great financial burden on me to raise our two children. I was awarded DIC finally after five years, which I am thankful for, but between that, Social Security benefits, and my job, it still isn't enough in these tough economic times. I am heading back to school to further my career in education, but the loss of his income and retirement pay has made things very difficult."

Elly Gibbons, Surviving Spouse of CMSgt John Gibbons, U.S. Air Force

"My husband served for 38 years and died due to Agent Orange exposure. Upon his death, my income decreased by 70 percent. His Social Security was affected by the Windfall Elimination Provision (WEP), so I cannot draw from his Social Security.

"I fought for seven years to help rectify the SBP/DIC offset, which was finally rectified due to a grassroots effort for decades by those affected by the incomprehensible wrong. Now we continue the fight to increase DIC to the appropriate level of 55 percent in parity with ALL other federal survivors' benefits. The increase in income would have a tremendous positive impact on so many survivors of those who have served our nation, our patriots. Thank you."

Janet Albaugh, Surviving Spouse of SP5 Rick Albaugh, U.S. Army

"There needs to be a change in the way DIC is allowed. It's not the fault of the veteran that they couldn't live until the 10-year rule! My husband did two tours in Vietnam, and he was sprayed with Agent Orange. He had everything wrong with his respiratory system known to man.

"It's just not fair that we don't get any help because our veteran died too soon! Believe me, ALL widows would rather have our husbands still here with us. It's a real hardship to try and hang on to what we fought so hard to build. Is it really fair that we not only lose our husbands, but we lose everything else, too? They fought for our country and did ALL they were asked to do!"

GUARD VETERANS' HEALTH CARE ACT (H.R. 4077)

TAPS Supports

TAPS thanks Ranking Member Mark Takano (D-CA-39), Representatives Lloyd Doggett (D-TX-37), Greg Murphy, M.D. (R-NC-3), David Schweikert (R-AZ-1), and John Joyce, M.D. (R-PA-13) for introducing the ***Guarantee Utilization of All Reimbursements for Delivery of (GUARD) Veterans' Health Care Act*** **(H.R. 4077, S. 2145).**

This important bipartisan and bicameral legislation, introduced in the U.S. Senate by Senators Elizabeth Warren (D-MA), Bill Cassidy, M.D. (R-LA), and Richard Blumenthal (D-CT), would allow the Department of Veterans Affairs (VA) to recover costs from Medicare Advantage plans and Medicare prescription drug plans, and third-party insurers for veterans receiving health care services covered under Medicare for service-connected disabilities or non-service-connected disabilities, injuries, illnesses, health care needs or conditions.

The ***GUARD Veterans' Health Care Act*** would authorize the Veterans Health Administration (VHA) to recover payments for any health care items or services provided to veterans dually enrolled in a Medicare Advantage or Medicare Prescription Drug (Part D) plan. This common-sense improvement would prevent VHA from having to pay double for this care, safeguarding critical resources to enhance and expand veterans' health care services.

CONCLUSION

TAPS appreciates the leadership of the House Committee on Veterans' Affairs, its distinguished members, and professional staff for holding this legislative hearing on strengthening veteran and survivor benefits. TAPS is honored to submit a statement for the record on behalf of the thousands of surviving military and veteran families we serve.

Prepared Statement of Gold Star Spouses of America, Inc.

RESILIENCE THROUGH REMEMBRANCE

Submitted by Gold Star Spouses of America, Inc.
Statement for the Record
December 3, 2025

U.S. House Committee on Veterans' Affairs

H.R. 6047, Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025

Chairman Bost, Ranking Member Takano, and members of the Committee:

On behalf of Gold Star Spouses of America, Inc. (GSSA), thank you for the opportunity to submit testimony regarding H.R. 6047, *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025*. GSSA represents the surviving spouses of those who died in service or as a result of service-connected conditions. Our mission is to ensure that survivors, who live every day with the consequences of military service, receive fair, adequate, and long-overdue support.

We appreciate the Committee's willingness to bring forward legislation that increases Dependency and Indemnity Compensation (DIC) for the first time in more than three decades. While this bill is a modest step, it is an important one. H.R. 6047 begins to acknowledge the reality survivors have lived with for far too long: DIC has not kept pace with economic demands or the federal survivor standards that guide other agencies.

DIC Has Fallen Behind Federal Survivor Standards

DIC is the core survivor benefit administered by the Department of Veterans Affairs. It exists to replace income lost when a service member dies on active duty or when a veteran dies of service-connected causes. However, DIC's value has steadily eroded. Today, DIC

replaces 43% of the compensation paid to a veteran rated 100% disabled, far less than the 55% provided to surviving spouses of federal civilian employees.

The principle behind DIC is clear: when a loved one dies due to military service, the family should not fall into financial instability. Since DIC has not been modernized since 1993, its value relative to other federal survivor programs remains significantly lower, leaving surviving spouses with a benefit that replaces far less income than comparable federal programs.

H.R. 6047 would finally begin to change this trajectory. The bill adds a 1% increase above COLA annually for the next five years for all DIC recipients, rank-based and flat-rate alike. This does not achieve parity, but it does acknowledge the inequity and begins the process of correcting it.

GSSA will continue to advocate for full parity through the Caring for Survivors Act. We view H.R. 6047 as a first step, not a final answer. We appreciate the Committee for taking this step after decades with no movement.

Honoring the Namesakes: Sharri Briley and Sergeant Eric Edmundson

The individuals for whom this bill is named reflect two different but equally enduring forms of sacrifice that continue long after headlines fade.

Sharri Briley is the surviving spouse of CW3 Donovan Lee "Bull" Briley, an Army Special Operations helicopter pilot killed in Mogadishu in 1993 during Operation Gothic Serpent, known widely as the "Black Hawk Down" incident. Sharri has spent more than three decades rebuilding her life while carrying the weight of that loss, and she has used her own experience to advocate for surviving military spouses nationwide and is a founding charter member of Gold Star Spouses of America, Inc.

Sergeant Eric Edmundson survived catastrophic injuries sustained in Iraq on October 2, 2005. His anoxic brain injury ended his ability to speak or walk independently, and he requires round-the-clock caregiving support. His story reflects the extraordinary realities faced by catastrophically injured veterans and the families who care for them every day.

Naming this bill for Sharri and Eric rightly acknowledges that the burden of service does not end when the uniform comes off, and that families continue to absorb the long-term consequences of military service.

The Human Impact: Survivors Behind the Policy

Behind every DIC recipient is a family rebuilding life after loss. While the proposed increase is modest, its impact is very real.

SSG John Burton, U.S. Army
Emily Burton (Kentucky) is a substitute teacher raising a son. Emily still drives the 2005 truck her husband maintained before his death in 2017. Major repairs and Kentucky's high vehicle taxes make replacing it impossible on her current income. A DIC increase would provide room in her budget for reliable transportation, a basic necessity for any household.

MSgt Dennis Story, U.S. Air Force
When Suzanne Story's (California) husband died in 2016, her income dropped by 75% overnight. DIC barely covered her mortgage. She now relies on roommates to stay afloat. A modest increase in DIC would allow her to stabilize her living situation without depending on a revolving set of tenants.

CPT James Peterson U.S. Army
Maggie Peterson (New York) was widowed at the young age of 22 in 1971. Maggie was left with $236 per month in DIC, and an eviction notice was delivered the day before her husband's funeral. While rates have increased since then, the purchasing power and adequacy of DIC have not. Her story underscores how long this problem has existed.

E-4 Robert Stevens U.S. Army
Vicki Stevens (Florida) left her job to care for her husband after his service-connected disabilities ended his ability to work. Their savings were exhausted during those years until his death in 2018. Now approaching seventy, she struggles to make ends meet on DIC and Social Security. An increase would help her maintain stability in her remaining years.

These stories reflect thousands of similar experiences across all states, ages, eras, and conflicts.

GSSA's Position on H.R. 6047

GSSA supports H.R. 6047 as a first step toward correcting decades of inequity. We are grateful for any movement that improves DIC for surviving families, particularly during a period of fiscal constraints.

- Full equity will also require passage of the Caring for Survivors Act.
- We will continue to work with the Committee to pursue comprehensive reform until survivors receive the same federal standard applied elsewhere in government.

For more than thirty years, surviving spouses have lived with a system that has not kept pace with either inflation or with the standards applied to other federal employees. H.R. 6047 does not solve the problem, but it begins to open the door.

GSSA supports this bill because any progress after three decades of inaction is meaningful. We remain committed to achieving full parity. We respectfully urge the Committee to advance H.R. 6047 and to continue working with survivors and veterans service organizations to pass the comprehensive reforms contained in the Caring for Survivors Act.

The families of America's fallen heroes deserve nothing less.

Respectfully submitted,

Tamra Sipes, National President
Gold Star Spouses of America, Inc.