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WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

LEGISLATIVE HEARING
ON

H.R. 3520, Veterans Care Improvement Act of 2023; H.R. 1182, Veterans Serving Veterans Act of 2023; H.R. 1774, VA Emergency Transportation Act; H.R. 2683, VA Flood Preparedness Act; H.R. 2768, PFC Joseph P. Dwyer Peer Support Program Act; H.R. 2818, Autonomy for Disabled Veterans Act; H.R. 3581, Caregiver Outreach and Program Enhancement (COPE) Act; H.R. 1278, DRIVE Act; H.R. 1639, VA Zero Suicide Demonstration Project Act of 2023; H.R. 1815, Expanding Veterans' Options for Long Term Care Act

June 21, 2023

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the House Committee on Veterans' Affairs, Subcommittee on Health – thank you for the opportunity to submit Wounded Warrior Project's views on pending legislation.

Wounded Warrior Project (WWP) was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to more than 190,000 registered post-9/11 warriors and 48,000 of their family support members, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. We are pleased to share that perspective for this hearing on pending legislation that would likely have a direct impact on many we serve.

H.R. 3520, the *Veterans Care Improvement Act*

Opioid and substance use disorders (SUDs) continue to rank as one of the top self-reported – and objectively verified – health challenges faced by those who complete WWP's Annual Warrior Survey. In our 2022 report[1], more than two in five responding warriors screened positive for potentially hazardous drinking or alcohol use disorders (43.5%) and over 6% showed

[1] Our *Annual Warrior Survey* reference corresponds to the thirteenth edition of the survey, which was published in 2023 and reflects data gathered in 2022. To learn more, please visit https://www.woundedwarriorproject.org/mission/annual-warrior-survey.

a moderate to severe level of problems related to drug abuse. VA estimates that among veterans that served in Iraq and Afghanistan, about 1 in 10 have a problem with alcohol or drugs. Unfortunately, many of these veterans face difficulties when attempting to get treatment for substance use issues.

Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) represent the most intensive level of care for veterans with SUDs and other conditions, like PTSD, military sexual trauma (MST) and serious mental illness (SMI) at the Department of Veterans Affairs (VA). The *VA MISSION Act* (P.L. 115-182 § 104) required VA to establish access standards for community care and in 2019, VA announced those access standards for primary care, mental health, specialty care, and non-institutional extended care services. However, VA did not include a specific access standard for residential care. Instead, VA relies on VHA Directive 1162.02 to establish when a veteran is eligible for residential treatment in the community. The Directive states that veterans requiring priority admission must be admitted within 72 hours. For all other veterans, they must be admitted as soon as possible after a decision has been made. If they cannot be admitted within 30 days, they must be offered treatment at a residential program within the community.

Unfortunately, this is often not the reality on the ground. WWP has frequently ran into issues when trying to place veterans into suitable residential care programs outside VA when local VA facilities have reached their capacity. These issues are similar to experiences in a recent report from the VA's Office of Inspector General (OIG) that found that staff at VA North Texas placed patients on waitlists for two to three months, while failing to offer referrals for community based residential care in 2020 and 2021.[2] This type of experience can have devastating consequences for veterans that are reaching out for help. Extended wait times for treatment increase the risk of losing contact with a veteran or the veteran changing their willingness to enter treatment or further engage with VA.

H.R. 3520 seeks to address this issue and others by:

- Codifying current community care access standards and giving the Secretary the option to shorten the distance or time access standards through regulation.
- Establishing an access standard for the provision of residential treatment and rehabilitative services for alcohol or drug dependency.
- Requiring that veterans seeking residential treatment for alcohol or drug dependence are evaluated no later than 72 hours after VA receives the request.
- Ensuring that access standards apply to all VA care, except for nursing home care.
- Prohibiting VA from considering the availability of a telehealth appointment as satisfying the access standards.
- Requiring that the calculation of a veteran's wait time for the purposes of determining community care eligibility starts on the date of request for the appointment, in the case that a veteran's appointment is canceled by VA.
- Requiring VA to inform veterans of their eligibility for community care.

[2] OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, NONCOMPLIANCE WITH COMMUNITY CARE REFERRALS FOR SUBSTANCE ABUSE RESIDENTIAL TREATMENT AT THE VA NORTH TEXAS HEALTH CARE SYSTEM (Jan. 2023).

- Requiring VA to take into consideration a veteran's preference for when, where, and how to seek care, as well as their need or desire for a caregiver, when determining if it is in the best medical interest of a veteran to receive care in the community.
- Requiring VA to provide a veteran with the reason for their denial for community care and instructions for how to appeal the decision.
- Requiring that a determination for eligibility for community care not be overturned without notification in writing to the veteran and their provider.
- Requiring outreach from VA to inform veterans of their ability to seek community care, how to request community care, and how to appeal a denial of a request for community care.
- Requiring VA to conduct public outreach regarding care and services under Veterans Community Care Program, including through the Solid Start Program and on VA's webpages.
- Requiring VA to develop a pilot program to improve administration of care under the Veterans Community Care Program through the Center for Innovation for Care and Payment, including by providing incentives to community care network providers to allow visibility into their scheduling systems, improving the rate of timely medical documentation return and improving the timeliness and quality of care in the community.
- Requiring the VA OIG to assess the implementation of the Veterans Community Care Program at each VA Medical Center on a regular basis.
- Requiring VA to incorporate the use of value-based reimbursement models and report to Congress on these efforts.

Veterans in need of inpatient residential care must be able to access it in a timely and efficient manner. With an established access standard for MH RRTPs, veterans will receive more consistent, quality, and timely care. For these reasons, Wounded Warrior Project supports H.R. 3520 but would respectfully ask the Committee to consider expanding the terms in Section 2 to include other varieties of RRTP care, including its specialty tracks for PTSD, MST, and SMI. We would like to thank Chairwoman Miller-Meeks for her introduction of this legislation and her attention to this issue.

H.R. 1182, the *Veterans Serving Veterans Act*

Despite sustained efforts, VA continues to face a workforce shortage and high turnover rates, resulting in longer wait times and disjointed care for veterans. According to its own June 2022 report[3], VA experienced a 20-year high in its VHA staff turnover rate (9.9%) in FY 2021 partly due to higher wages and bonuses offered by private health care systems, COVID-19 pressures, and burnout. These shortages can be aggravated by a slow and complicated hiring process used by the Veterans Health Administration (VHA).[4] Furthermore, thousands of former military health care providers from all branches of the Armed Services separate from the military and, despite their training and experience, do not possess a civilian certificate allowing them to continue in the occupations for which they were trained.

[3] U.S. DEP'T OF VET. AFFAIRS, ANNUAL REPORT ON THE STEPS TAKEN TO ACHIEVE FULL STAFFING CAPACITY 3 (June 2022), *available at* https://www.va.gov/EMPLOYEE/docs/Section-505-Annual-Report-2022.pdf.
[4] U.S. GOV'T ACCOUNTABILITY OFF., STAFFING CHALLENGES PERSIST FOR FULLY INTEGRATING MENTAL HEALTH AND PRIMARY CARE SERVICES (Dec. 2022).

Congress has given VA tools to address these issues. The *RAISE Act* (P.L. 117-103, Div. S § 102) increased the pay limitation on salaries for nurses, advanced practice registered nurses, and physician assistants within VA. The *STRONG Veterans Act* (P.L. 117-328, Div. V) includes provisions that will expand the Vet Center workforce (§ 102), create more paid trainee positions in mental health disciplines (§ 103), and offer more scholarship and loan repayment opportunities for those pursuing degrees or training in mental health fields (§ 104). Clearly, however, more can be done.

The *Veterans Serving Veterans Act would* serve a dual purpose of increasing veteran employment and addressing VA health workforce shortages by requiring VA to identify the health care related military occupation specialties (MOS) that relate to similar job openings within VA. VA would accomplish this by establishing a vacancy and recruitment database that would be used to identify VA's occupational needs and transitioning Service members (job candidates) to fill those needs. VA would also deploy direct hiring and appointment systems for vacant database positions and may approve relocation bonuses. Finally, the bill requires VA to train and certify veterans who worked as basic health care technicians in the U.S. military to function as VA intermediate care technicians.

In addition, WWP believes veterans may be better served by fellow veterans who understand their needs and concerns. WWP supports this legislation because it is a welcomed initiative to address the workforce shortage VA is currently facing and can provide economic opportunities for our warriors. We thank Resident Commissioner Jenniffer Gonzalez-Colon (R-PR-At Large) for introducing this legislation.

H.R. 1774, the *VA Emergency Transportation Act*

The Department of Veterans Affairs currently reimburses veterans for ambulance transportation to non-VA facilities during an emergency. However, if these veteran patients require ambulance transportation to a VA medical facility for further treatment, the agency is not required to pay for that subsequent transportation, leading to significant ambulance bills for veterans.

The VA *Emergency Transportation Act* would amend 38 U.S.C. § 1727 to address reimbursement rates for emergency medical transportation to a federal facility. Specifically, VA would be required to reimburse a veteran for transportation by a non-VA provider (1) to a facility for emergency treatment, or (2) from a non-VA facility where the veteran was treated to a VA or other federal facility for additional care.

This legislation would help ensure veterans are not paying out-of-pocket for necessary emergency transportation to facilities outside of VA's network and are not limited in their ability to receive high quality treatment. WWP is pleased to support the *VA Emergency Transportation Act*. We thank Rep. Mark Alford (R-MO-04) for introducing this bill, and we urge Congress to pass this legislation to help address transportation costs for veterans in need of emergency medical care.

H.R. 2683, the *VA Flood Preparedness Act*

Currently law is unclear about whether VA can support flood mitigation projects that decrease the possibility of washed-out streets or other flooded infrastructure impeding access to its facilities. Under this legislation, 38 U.S.C. § 8108 would be amended to clarify that VA can contribute funding to assist local authorities mitigate the risk of flooding on properties neighboring VA medical facilities. Additionally, this bill would require VA to present a report to Congress detailing the extent to which VA medical facilities are at risk of flooding. This report must also inform on whether additional resources are needed to mitigate the risk of flooding at said facilities.

Wounded Warrior Project supports this legislation because it would empower VA to work directly with local authorities on flood mitigation initiatives that ensure safe and reliable access to essential care facilities. We thank Rep. Nancy Mace (R-SC-01) for introducing this legislation.

H.R. 2768, the *PFC Joseph P. Dwyer Peer Support Program Act*

Peer support is a critical tool for many veterans facing stress, emotional challenges, and mental health concerns. WWP's most recent Annual Warrior Survey showed that 18.5% of responding warriors have used support groups, including peer-to-peer counseling, to help them face these challenges. Over 30% of responding warriors have had difficulty getting physical health care, put off getting physical health care, or did not get the physical health care they thought they needed because no peer support was available. To help address this need, one of the programs that WWP offers is our Veteran Peer Support Groups, held monthly at locations across the country. Last year, WWP facilitated over 1,200 Peer Support Groups, giving us firsthand insight into the life changing impacts of peer support. These Peer Support Groups are small, Warrior-led groups that allow veterans to connect with each other, discuss shared challenges, and support one another in their communities.

The Joseph P. Dwyer Veteran Peer Support Program is a peer-to-peer program for veterans facing challenges related to post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) in New York State. Established in 2012, its focus on addressing loneliness and creating communities of healing appears prescient in 2023 after U.S. Surgeon General Vivek Murthy's recent advisory about the epidemic of loneliness and isolation in our country. This bill would create a grant program for state and local entities to receive up to $250,000 to establish similar peer-to-peer mental health programs for veterans. These state and local entities would include nonprofit organizations that have historically served veterans' mental health needs, congressionally chartered veteran service organizations, or a state, local, or tribal veteran service agencies.

As an organization that embraces the power of peer support, WWP supports this legislation. The expansion of peer support programs like the Joseph P. Dwyer Peer Support Program will give more veterans the opportunity to use peer connection to address their challenges and embark on their path to healing. We urge Congress to pass this legislation and would like to thank Rep. Nick LaLota (NY-01) for its introduction.

H.R. 2818, the *Autonomy for Disabled Veterans Act*

Wounded Warrior Project's 2022 Annual Warrior Survey reported that nearly half of responding warriors indicate that they live paycheck-to-paycheck and 43.2 percent say they have little to no confidence that they could find the money to cover a $1,000 emergency expense. Many of these veterans, either due to their service-connected disabilities or other medical conditions, find themselves needing special home alterations and adaptations for them to live comfortably in their own home.

The VA Home Improvements and Structural Alterations (HISA) benefit helps disabled veterans by providing a grant to offset the cost associated with making medically necessary improvements and structural alterations to a veteran's primary residence. However, the lifetime benefit is only $6,800 for veterans with a service-connected disability and $2,000 for those with disabilities that are not service-connected. As prices and inflation have risen over the last few years, the amount that disabled veterans are eligible for has not.

The *Autonomy for Disabled Veterans Act* increases the amount available to disabled veterans for improvements and structural alterations to their homes related to their disability, through the HISA grant program. The bill increases the amount to $10,000 for veterans with a service-connected disability and $5,000 for those with disabilities that are not service-connected. The bill also requires VA to increase the amount of the grant in accordance with inflation as determined by the Consumer Price Index.

Wounded Warrior Project supports this bill that would help disabled veterans fund modifications and alterations that are medically necessary to update their homes. We believe that these alterations are crucial to a warrior's quality of life and should be increased periodically to keep up with inflation. We thank Rep. Don Bacon (R-NE-2) and Rep. Chris Pappas (D-NH-1) for introducing this legislation.

H.R. 3581, the *Caregiver Outreach and Program Enhancement (COPE) Act*

Caregivers of post-9/11 veterans tend to be younger than those of other generations. The number of post-9/11 military veteran caregivers who were aged 30 years or younger (37%) is higher than pre-9/11 military veteran caregivers (11%) or civilian caregivers (16%).[5] Therefore, post-9/11 veteran caregivers may serve as caregivers for a greater period of time. For example, 30% of veteran caregivers reported they had been caregiving for 10 years or more compared to 15% of civilian caregivers.[6] Military caregivers were also found to have greater levels of caregiver burden and stress compared to nonmilitary caregivers.

Over time, the stress of caring for another person can lead to "compassion fatigue." This is a common condition that can make caregivers feel irritable, isolated, depressed, angry, or anxious. Additional symptoms include exhaustion, impaired judgment, decreased sense of

[5] RAJEEV RAMCHAND ET AL., HIDDEN HEROES: AMERICA'S MILITARY CAREGIVERS 81 (RAND Corp., 2014), *available at* https://www.rand.org/pubs/research_reports/RR499.html.
[6] NAT'L ALLIANCE FOR CAREGIVING, CAREGIVERS OF VETERANS – SERVING ON THE HOMEFRONT (Nov. 2010), *available at* https://www.unitedhealthgroup.com/content/dam/UHG/PDF/uhf/caregivers-of-veterans-study.pdf.

accomplishment, and sleep disturbances. Military and veteran caregivers may require increased access to mental health care because many of these stressors can contribute to the development of conditions, such as depression, anxiety, or substance use disorders.

The *COPE Act* would authorize VA to award grants to carry out, coordinate, improve, or otherwise enhance mental health counseling, treatment, and support for caregivers in VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) program. To apply for a grant, entities must submit an application with a detailed plan for the use of the grant and, if selected, must meet outcome measures developed by VA. At least once a year, VA would review the performance of entities who have received a grant to ensure that they are meeting outcome measures; those who are not would be required to submit a remediation plan and will not be eligible for a subsequent grant until the remediation plan is approved.

This legislation would authorize $50 million for a three-year period and would require that funding be distributed equitably among states. Grant selection would prioritize areas with high rates of veterans enrolled in PCAFC, high rates of suicide among veterans, or high rates of referrals to the Veterans Crisis Line. Finally, the *COPE Act* requires VA and the Government Accountability Office (GAO) to conduct studies to report to Congress on the program and its outcomes.

As an organization committed to supporting veteran caregivers, WWP supports the intent of the *COPE Act* and thanks Rep. Jennifer Kiggans (R-VA-02) for introducing this bill. While we appreciate the description of the application process that would be involved for grant selection, we would invite the Committee to consider amending this legislation to include a definition of the word "entity" to further clarify who is eligible for such a grant (i.e., state government, local government, tribal governments, nonprofit organizations, etc.) and whether there would be any limitations on such groups to be eligible for application.

H.R. 1278, the *DRIVE Act*

According to our latest *Annual Warrior Survey*, a total of 15.6 percent of responding warriors cited distance from the VA as a significant barrier to accessing VA care. While there are other factors aside from fuel costs associated with these long commutes, the VA Travel Beneficiary Program provides reimbursement for mileage and other expenses incurred while traveling to and from their VA health care appointments to help alleviate some of the financial burden. Under the current policy (which was enacted in 2010), reimbursements are calculated based on a mileage rate of 41.5 cents per mile and have not been adjusted to reflect the rising cost of fuel and other expenses impacted by inflation. These costs negatively impact warriors who live further from VA medical facilities, especially those who must travel from rural areas.

The *DRIVE Act* would allow for an increase in reimbursement rates for health care related travel by striking the rate of 41.5 cents per mile and adjusting the rate to be equal or greater than the mileage reimbursement rate for government employees who use private vehicles for official purposes, which is currently 65.5 cents per mile.[7] In addition, this bill would require

[7] U.S. GOV'T SERVS. ADMIN., PRIVATELY OWNED VEHICLE (POV) MILEAGE REIMBURSEMENT RATES, *available at* https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-mileage-rates.

VA to ensure the Beneficiary Travel reimbursement rate is equal to the General Services Administration reimbursement rate for federal employees moving forward. This will ensure that these rates keep up with the cost of inflation and properly account for fluctuations in gas prices over time.

Wounded Warrior Project supports this legislation that would help ease the financial burden of medically necessary travel expenses and make health care and benefits more accessible to the veterans who need them, and we thank Rep. Julia Brownley (D-CA-26) for introducing this legislation.

H.R. 1639, the *VA Zero Suicide Demonstration Project Act*

Tragically, veteran suicide continues to be a national public health crisis that requires coordinated action from all levels of government, as well as public-private partnerships. In 2020, there were 6,166 veteran deaths by suicide according to VA's *2022 National Veteran Suicide Prevention Annual Report*. Our Annual Warrior Survey data found that nearly one in five responding warriors reported an attempted suicide at some point in their lives, and nearly 30% have had suicidal thoughts in the past 12 months. Thankfully, some progress has been made on this front in recent years. Fewer veterans died by suicide in 2020 than the year before and 2020 had the lowest number of veteran suicides since 2006. However, there is still significant work that must be done to address this crisis and prevent veteran suicide.

This legislation would establish a five-year Zero Suicide Initiative pilot program at five VA medical centers across the country, including one that must serve primarily veterans who live in rural areas. The pilot program would implement the curriculum of the Zero Suicide Institute of the Education Development Center to improve safety and suicide care for veterans and reduce veteran suicide. The bill requires VA to submit an annual report to Congress that includes a comparison of suicide-related outcomes at program sites and those of other VA medical centers. The report would also assess whether the policies and procedures implemented at each site align with the standards of the Zero Suicide Institute in several areas, including suicide screening, lethal means counseling, and outreach to high-risk patients. VA may choose to extend the pilot program for up to two additional years.

While we agree with the unobjectionable intent of ending veteran suicide, WWP is concerned about the collateral impact of this legislation. Currently, suicide prevention is VA's top priority and they have implemented a comprehensive public health approach to address the issue that extends beyond what is required by this legislation. Implementing this new pilot program would require VA to redirect an unknown number of resources that are currently being used for suicide prevention efforts that have shown signs of progress over recent years. Additionally, the legislation requires VA to enter into a legally binding financial agreement with a specified non-profit organization to implement their curriculum. We agree with VA's assessment[8] that they should have the ability to evolve and adapt their suicide prevention efforts

[8] Legislative Hearing on: H.R. 291, the COST SAVINGS Enhancement Act; H.R. 345, the Reproductive Health Information for Veterans Act; H.R. 1216, the Modernizing Veterans' Health Care Eligibility Act; H.R. 1957, the Veterans Infertility Treatment Act of 2021; H.R. 6273, the VA Zero Suicide Demonstration Project Act of 2021; H.R. 7589, the REMOVE Copays Act before the House Committee on Veterans Affairs Subcommittee on Health, 117th Congress. 9-12, 2022 (statement of Matthew A. Miller, Ph.D., MPH, Executive Director, Suicide Prevention Program, Office of Mental Health and Suicide Prevention, Veterans Health Administration (VHA), Department of Veterans Affairs (VA).

based on proven clinical interventions, established business practices, and an exchange of relevant data, as opposed to legislation requiring them to adapt a single model. While we support the intent of this bill, WWP has concerns with the current legislative language, but looks forward to working with the Committee and VA to continue our shared goal of preventing veteran suicide.

H.R. 1815, the *Expanding Veterans' Options for Long Term Care Act*

A September 2021 report to Congress by VA found that the percent of veterans who are 85 or older that are eligible for nursing home care will increase 61,000 to 387,000 over the next 20 years, a nearly 535 percent increase. However, of the veterans currently living in Community Nursing Homes (CNHs) at VA's expense, approximately five percent do not require the daily skilled nursing interventions provided and would be better served by assisted living, which would allow them to live more independently. In fiscal year (FY) 2020, the annual cost of a CNH placement was $120,701, while the annual cost of an Assisted Living Placement was $51,600.[9]

Currently, VA can refer veterans to assisted living facilities but is restricted from paying room and board fees; this policy precludes many veterans from utilizing this long-term care option because they cannot afford it. The *Expanding Veterans' Options for Long Term Care Act* would create a pilot program for eligible veterans to receive assisted living care paid for by VA. The three-year pilot program would be conducted at six Veterans Integrated Services Networks (VISNs) nationwide, including at least two program sites located in rural or highly rural areas and two State Veterans Homes. Veterans may be eligible for this program if they are already receiving nursing home level care paid for by VA; are eligible to receive nursing home level care paid for by VA; or require a higher level of care than the domiciliary care provided by VA but do not meet the requirements for nursing home level care. To qualify, veterans must also be eligible for assisted living services or meet additional eligibility criteria that may be established.

Establishing a pilot program for veterans to receive assisted living care paid for by VA would not only allow aging veterans to live more independently but would also help save taxpayer dollars. This bill would provide veterans whose conditions do not rise to the level of requiring nursing home care with more appropriate long-term care options based on their preferences and in their best medical interests. In particular, the focus on rural veterans would help those who face greater challenges accessing Veterans Homes in their states. Further, for each veteran who is placed in an assisted living community for their supportive care services, VA would realize a potential nursing home savings of approximately $69,101 per placement per year. An annual report on the pilot program would study several factors, including aggregated feedback from participants in the pilot program and an analysis of cost savings by VA.

Traditionally, VA programming does not provide veterans with housing. One notable exception was VA's pilot program, the Assisted Living for Veterans with Traumatic Brain Injury (AL-TBI) Program, which demonstrated a demand for providing increased housing options for younger veterans with difficulty with independent living. This program provided residential care

[9] Letter from the American Seniors Housing Association et al., to U.S. Senators Jon Tester, Jerry Moran, and Patty Murray (June 13, 2022) (available at https://www.argentum.org/wp-content/uploads/2022/06/FinalVAcoaltionltrSENATESponsors.pdf).

and neurobehavioral rehabilitation to eligible veterans with traumatic brain injuries to enhance their quality of life and community integration. Veterans were eligible for VA's AL-TBI pilot program if they were enrolled in VA's patient enrollment system; had received VA hospital care or medical services for a TBI; were unable to manage routine activities of daily living without supervision and assistance; and could reasonably be expected to receive ongoing services after the end of the pilot program under another Federal program or through other means. (P.L. 110-181 Sec. 1705.) Through VA's AL-TBI program, veterans received care and support in specialized assisted living facilities; these facilities provided assistance with activities of daily living, including meal preparation, bathing, dressing, grooming, and medication management. Although this pilot lasted for nearly a decade before sunsetting in 2018, its utility has not been replicated despite ongoing need.

Expanding veterans' access to assisted living services is a WWP priority. The *Expanding Veterans' Options for Long Term Care Act* would help VA provide access to a greater range of long-term care options and prepare to care for the ever-increasing population of aging veterans. WWP urges Congress to pass this legislation, and we appreciate Rep. Elissa Slotkin (D-MI-08) for its introduction. We would recommend that the Committee broaden the eligibility criteria by incorporating eligibility criteria – similar to that used for the expired AL-TBI pilot – that would accommodate veterans with TBI symptoms that challenge their ability to live without supervision. The need for residential support and services remains while access to appropriate facilities covered by VA is limited mostly to nursing homes where aging populations often are a poor fit for a younger person with TBI or other long-term care needs.

CONCLUSION

Wounded Warrior Project once again extends our thanks to the Subcommittee on Health for its continued dedication to our nation's veterans. We are honored to contribute our voice to your discussion about pending legislation, and we are proud to support many of the initiatives under consideration that would enhance veterans' access to care and support. As your partner in advocating for these and other critical issues, we stand ready to assist and look forward to our continued collaboration.