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**STATEMENT OF
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SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
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Chairwoman Miller-Meeks, Ranking Member Brownley and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's legislative hearing of the Subcommittee on Health. DAV is a Congressionally chartered non-profit veterans service organization composed of nearly one million wartime service-disabled veterans. Our single purpose is to empower veterans to lead high-quality lives with respect and dignity.

It is crucial to provide timely, coordinated, and comprehensive health care tailored to meet the diverse needs of veterans. DAV is pleased to offer our views on the bills under consideration today by the Subcommittee. These bills address the necessity for timely access to medical services, infrastructure improvements, the removal of financial barriers, better understanding of health outcomes, the incorporation of adaptive sports prosthetics, hyperbaric oxygen therapy, secure firearm storage programs and effective care coordination.

H.R. 217, the Communities Helping Invest through Property and Improvements Needed or CHIP IN for Veterans Act

The CHIP IN for Veterans Act includes provisions that would make permanent a pilot program that authorized the Department of Veterans Affairs (VA) to accept donated facilities or donations to make facility infrastructure improvements. This legislation would eliminate the cap on the number of projects allowed in the pilot program and enhance the quality and availability of veteran services without additional federal costs. For example, in Omaha, Nebraska, there was a project/donation for construction of an ambulatory care center and in Tulsa, Oklahoma a project/donation to construct an inpatient facility and parking garage to support the Muskogee Veterans Affairs Medical Center (VAMC). In 2021, VA received \$120 million for a capital contribution to execute the Muskogee plan. These collaborations lead to improved access to care and services for veterans, while fostering community support and involvement.

We support the CHIP IN for Veterans Act in accordance with DAV Resolution No. 193, urging necessary infrastructure funding and exploring new funding models.

H.R. 658, to establish qualifications for the appointment of a person as a marriage and family therapist, qualified to provide clinical supervision, in the Veterans Health Administration

H.R. 658 seeks to establish qualifications for marriage and family therapists (MFTs) providing clinical supervision within the Veterans Health Administration (VHA). The bill aims to enhance mental health services for veterans and maintain consistent care across VHA facilities by ensuring that MFTs are highly qualified and recognized by reputable organizations like the American Association for Marriage and Family Therapy.

Veterans face numerous mental health challenges, including post-traumatic stress disorder (PTSD), depression, anxiety, substance use disorders, and traumatic brain injuries (TBI). Qualified MFTs can significantly improve mental health outcomes by providing effective supervision and promoting better therapeutic practices, potentially reducing the incidence of suicide among veterans. Including family and relationships in mental health treatment is crucial for the holistic well-being of veterans. Many veterans have found that involving their loved ones in therapy sessions helps create a better support system, and fosters improved understanding and communication. This approach can lead to more effective treatment, as the support from family members can reinforce coping strategies and provide a sense of belonging and stability.

We support this bill in accordance with DAV Resolution No. 224, which calls for program improvements, sufficient staffing, and enhanced resources for VA mental health services.

H.R.1107, the Protecting Veteran Access to Telemedicine Services Act of 2025

The Protecting Veteran Access to Telemedicine Services Act is a crucial step toward ensuring that veterans receive the high-quality, accessible health care they earned. Many veterans face challenges in accessing timely and consistent medical care, particularly in rural and underserved areas. This legislation addresses these challenges by leveraging the power of telemedicine to provide controlled medications to veterans without the need for in-person medical visits.

Telemedicine bridges the gap for veterans living in remote locations, allowing them to receive necessary medications and consultations from home. This convenience is particularly beneficial for those with mobility issues or limited transportation options. Additionally, the flexibility of telemedicine allows veterans to schedule appointments that fit their busy lives, leading to better adherence to treatment plans and improved health outcomes. The bill would ensure that health care providers can maintain regular contact with patients, providing continuous care and preventing interruptions in treatment, which is vital for managing chronic conditions. Telemedicine is also a game-changer for mental health services, helping to reduce the stigma and barriers often associated with seeking help by providing therapy and support remotely. Finally, the bill includes robust guidelines and processes to ensure that the delivery and

dispensing of controlled substances via telemedicine is safe and legal, maintains integrity of the health care system and patient safety while expanding access to care for veteran patients.

We support this bill in accordance with DAV Resolution No. 342, which urges the VA to enhance its national pain management program using patient-centered, interdisciplinary, and holistic approaches, ensuring timely medication delivery and humane alternatives to controlled substances. It also encourages the VA to regularly update its clinical guidance and policies to comply with federal law and best practices for prescribing and dispensing controlled substances. By harnessing the power of telemedicine, we can provide veterans with the accessible, efficient, and high-quality care they deserve.

H.R. 1336, the Veterans National Traumatic Brain Injury Treatment Act

The Veterans National Traumatic Brain Injury Treatment Act would require the VA to establish a pilot program to provide hyperbaric oxygen therapy (HBOT) to veterans suffering from TBI or PTSD.

Veterans with TBI and PTSD face significant challenges, and traditional treatments have proven ineffective for some. Studies have shown that HBOT, which involves breathing pure oxygen in a pressurized chamber, can enhance the body's natural healing processes. This therapy, traditionally used for treating severe wounds that won't heal, has been found to promote the growth of new blood vessels, reduce inflammation, and improve oxygen delivery to injured tissues. One small clinical trial, published in the *Journal of Clinical Psychiatry (JCP)* in 2024, has also demonstrated improvements in PTSD symptoms and brain function among veterans undergoing HBOT.

However, despite these promising findings, more comprehensive research is necessary to fully understand the efficacy and safety of HBOT for patients with TBI and PTSD. According to the VA, the scientific evidence is currently mixed, and rigorous, larger-scale studies are recommended to validate the initial positive outcomes noted in the 2024 JCP study and to address any potential risks. A 2018 report by the VA's Evidence Synthesis Program found that large treatment benefits demonstrated in uncontrolled case series have not been easily replicated in well-controlled randomized controlled trials (RCTs). The report suggests that the potential benefits of HBOT may be subtle and require larger RCTs to demonstrate significant effects.

Currently, the VA offers HBOT as a treatment option for a small number of veterans with persistent PTSD symptoms that are resistant to standard treatments. This treatment is provided through partnerships with HBOT providers at select VA health care systems and medical centers. The VA is also conducting a multisite research study to examine the use of HBOT for patients diagnosed with PTSD.

While HBOT shows promise, we must remain committed to a comprehensive and evidence-based approach. By supporting further research and careful evaluation, we can better ensure that our veterans receive the best possible and most effective care for TBI and PTSD. We therefore recommend the Subcommittee include provisions in this bill to prioritize rigorous research alongside providing veterans access to HBOT. It is important to thoroughly validate and understand the efficacy and risks of this therapy as an alternative treatment option for PTSD and TBI before it is more broadly implemented.

H.R. 1644, the Copay Fairness for Veterans Act

The Copay Fairness for Veterans Act aims to eliminate copayments for medications and preventive health services provided by the VA. It would enhance access to these services by removing financial barriers that can discourage veterans from seeking essential care. Preventive services are critical for early detection and management of certain health issues, leading to improved health outcomes. The bill also includes provisions for women veterans to ensure they receive preventative care services, screenings and contraceptives as outlined in the Health Resources and Services Administration Preventative Services Guidelines.

By removing financial barriers, the bill encourages routine check-ups, vaccinations and critical screenings, leading to better overall health management and fewer emergency medical situations. Many veterans, especially those on fixed incomes, struggle with copayments for health services and medication. By removing required copayments, the bill provides much-needed financial relief, ensuring that veterans can access the care they need without worrying about additional costs. Moreover, promoting preventive care can lead to long-term cost savings for both veterans and the health care system by reducing the need for more expensive treatments and hospitalizations. Preventive services with an "A" or "B" rating from the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices are essential components of this approach.

We support this bill in accordance with DAV Resolution No. 246, which calls for legislation to eliminate or reduce VA and DOD health care out-of-pocket costs for service-connected disabled veterans to improve health care access, provide financial relief, enhance health equity and encourage routine care. This bill reflects our nation's commitment to supporting our veterans and ensuring they receive the care they earned.

H.R. 1823, to direct the VA Secretary and the Comptroller General of the United States to report on certain funding shortfalls in the VA

This bill seeks to address funding shortfalls in the VA by directing the VA Secretary and the Comptroller General of the United States to conduct thorough reviews and report on funding shortfalls.

The bill specifically mandates a review by the Comptroller General to investigate the circumstances and causes of funding shortfalls in the Veterans Benefits

Administration (VBA) for fiscal year 2024 and the VHA for fiscal year 2025. The review must include a comparison of monthly obligations and expenditures against the spending plan, an analysis of any transfers between accounts, an evaluation of reasons for significant diversions from the spending plan, an assessment of the accuracy of projections and estimates, and recommendations for remedial actions to improve accuracy and prevent future shortfalls. The Comptroller General would be required to submit a report to the VA Secretary, who will then submit the report to the specified congressional committees.

By identifying and addressing funding shortfalls, the bill aims to improve the financial management of the VBA and VHA and establish more efficient use of resources and better allocation of funds to critical services. The goal of the bill is to improve financial management, enhance accountability, establish preventive measures, and ensure more timely reporting of projected budget shortfalls. The bill also requires thorough reviews and reports aimed at increasing accountability within the VA and promoting more transparent and responsible budget management practices. The identification of remedial actions may help prevent future funding shortfalls, ensuring uninterrupted services for veterans.

We support this bill in accordance with DAV Resolutions Nos. 23 and 403, advocating for consistent VA funding, full implementation of existing laws, and protection of veterans' services and health care from budget caps.

H.R. 1860, the Women Veterans Cancer Care Coordination Act

The Women Veterans Cancer Care Coordination Act seeks to revolutionize cancer care for women veterans by establishing a comprehensive support system. The bill mandates the designation of Regional Breast and Gynecologic Cancer Care Coordinators within each Veteran Integrated Services Network (VISN). These coordinators would be tasked with ensuring seamless communication and coordination between VA clinicians and community cancer care providers.

Eligibility for care coordination would be extended to veterans diagnosed with breast or gynecologic cancer or those identified with precancerous conditions, provided they qualify for health care through the Veterans Community Care Program (VCCP). Additionally, the bill would require the establishment of regions for care coordination, to determine the specific needs of veterans in different areas, including rural communities. This regional approach aims to provide tailored support, ensuring that veterans receive timely and appropriate care regardless of their location.

The prescribed duties of the Regional Breast and Gynecologic Cancer Care Coordinators are multifaceted. They would facilitate the coordination of care between VA clinicians and community care providers, ensuring that veterans receive consistent and comprehensive treatment. They would be responsible for monitoring the services provided, tracking health outcomes, and maintaining data on cancer care. This data-

driven approach will help identify trends, measure effectiveness, and guide future improvements in care delivery.

A significant component of the bill is the requirement for the VA Secretary to submit a detailed report to Congress within three years of enactment. This report would compare health outcomes between veterans treated at VA facilities and those treated by community providers. It would assess the timeliness, safety, and quality of care, and identify any necessary changes or additional resources needed to enhance cancer care for women veterans. By establishing dedicated coordinators, focusing on data-driven care, and providing essential information and support, the bill strives to improve health outcomes and quality of life for these veterans and to ensure they receive coordinated, comprehensive, and compassionate care.

The bill would also help to ensure that male veterans who suffer from breast cancer due to toxic exposures receive the same specialized care as their female counterparts. The Honoring our PACT Act, signed into law in August 2022 (P.L. 117-168), expands and extends eligibility for VA health care for veterans with toxic exposures. This includes male veterans who have been diagnosed with breast cancer.

The VA has recognized the need to address the health effects of toxic exposures and has included male breast cancer in the list of conditions presumed to be caused by military service. Male veterans who have been exposed to toxic substances during their service and have developed breast cancer are eligible for the same benefits and specialized care as female veterans.

We support this bill in accordance with DAV Resolution 39, which calls for ensuring that the VA provides health care services and specialized programs, including gender-specific services, to eligible women veterans at the same degree and extent as services provided to male veterans. It also emphasizes improving women's health programs and finding innovative methods to address care barriers, ensuring women veterans receive quality treatment and specialized services.

Draft Bill, the Saving Our Veterans Lives Act of 2025

The Saving Our Veterans Lives Act of 2025 aims to prevent veteran suicide by providing eligible veterans with secure firearm storage items upon request. The alarming rate of veteran suicide is a stark reminder of the urgent need for comprehensive measures to protect those who have sacrificed so much for our country. According to the VA 2024 National Veteran Suicide Prevention Annual Report, there were 6,407 suicides among veterans in 2022, with firearms being involved in 72% of these cases. Firearms are the primary method of suicide among veterans, and by providing secure storage options for firearms—such as a lockbox or safe, this Act aims to reduce access to lethal means during moments of crisis, potentially saving countless lives.

Creating time and space is a critical component of this Act's strategy to reduce veteran suicides. Providing veterans with secure firearm storage can create a critical time delay, allowing them to reconsider their actions and seek help during moments of crisis. This additional time can be a lifesaving interval, as it provides a window of opportunity for the veteran to reach out for support, contact the crisis hotline, or have a moment of reflection. The VA's 2024 suicide prevention report highlighted a reduction in suicide rates among veterans with VHA mental health diagnoses, underscoring the effectiveness of targeted suicide prevention efforts. By delaying access to firearms during a crisis period, the Act empowers veterans to make safer choices and access the help they need.

The Act includes an educational component that would help inform veterans about the benefits of secure firearm lock box storage with a goal of more responsible firearm handling and storage practices. The development of informational videos would help ensure that veterans receive the necessary guidance on secure storage as a suicide prevention strategy. Proper firearm storage not only protects veterans but also their families, reducing the risk of accidental discharges and unauthorized access by children or other household members. This program aims to promote a culture of safety within the veteran's community, fostering a secure environment for all.

We support this bill in accordance with DAV Resolution No. 224, which calls for mental health and suicide prevention program improvements to include suicide rate data collection and reporting, improved outreach for stigma reduction, sufficient mental health staffing, and enhanced resources for VA mental health programs.

Draft Bill, the No Wrong Door for Veterans Act

The No Wrong Door for Veterans Act would reauthorize and extend the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program through September 30, 2028, ensuring that community-based suicide prevention initiatives and mental health services will continue to be available to veterans.

By adjusting the grant amount and clarifying the criteria for eligible entities, the bill promotes equitable distribution of funds and aims to ensure that qualified organizations can provide high-quality mental health services to veterans. Moreover, the bill's emphasis on improved coordination and communication between grantees and VA medical centers is a significant enhancement. Quarterly briefings for local VA medical center personnel will help facilitate better collaboration and information sharing, hopefully leading to more efficient and effective delivery of mental health services. This improved coordination is crucial for creating a seamless support network for veterans in crisis.

Another critical provision in the legislation is the bill's requirement that grantees notify eligible individuals about emergent suicide care options and report requests for such care to the VA. Increased awareness and utilization of suicide prevention resources can lead to more timely intervention and potentially save lives. By requiring

the use of screening protocols selected by the Secretary, the bill also ensures that veterans receive consistent and standardized care, further enhancing the quality of mental health services.

While the intent of extending the Fox Suicide Prevention Grant Program is commendable, DAV recommends strengthening the proposed legislation to ensure it meets its primary objective—reducing risk of suicide in this population. We recommend the bill reiterate the standard of baseline mental health screening that all grantees must provide or coordinate the provision of a baseline mental health screening to all eligible individuals they serve at the time those services begin. This mental health screening must be provided using a validated screening tool that assesses suicide risk and mental and behavioral health conditions. Applicants or partner organizations must measure the effectiveness of suicide prevention services provided to eligible individuals and their families using pre- and post-evaluations that employ validated measures of suicide risk and mood-related symptoms.

Additionally, funding criteria in the bill is associated with the number of participants served rather than prioritizing demonstrated improvements in veterans' well-being (i.e., reduction in suicide risk factors). We want to ensure that resources are directed to programs that achieve measurable outcomes. Finally, we suggest the payment structure be more clearly defined to prevent overcompensation for minimal services.

Given that the funding renewal for this initiative was supposed to be based on demonstrated improvements in veterans evaluation measures, we recommend a cautious, annual renewal process until comprehensive data confirms the program's overall efficacy and specifically, which services are most effective in reducing suicide risk in the veteran population. These changes are essential to maximize the program's potential and truly support at-risk veterans.

Draft Bill, the Providing Veterans Essential Medications Act

The Providing Veterans Essential Medications Act would amend title 38, United States Code, to ensure that veterans receiving nursing home care in state homes have access to necessary, yet costly, medications.

Under this bill, the VA Secretary is directed to either reimburse state homes for these high-cost medications or furnish them directly, at the election of the state home. The bill defines "costly medication" as any drug or medicine whose average wholesale price for a one-month supply, plus a transaction fee, exceeds 8.5% of the payment made by the Secretary for the veteran's care. This amendment seeks to alleviate the financial burden on state homes and ensure that veterans continue to receive appropriate and comprehensive care without the added stress of high medication costs.

The cost of high-cost medications, such as revolutionary cancer drugs, can often exceed \$1,000 a day. This bill will ensure that state homes are not financially strained

by these costs. VA providing these types of medications also incentivizes more state homes to provide care for severely disabled veterans and increases the availability of high-quality long-term care services across the country. The PACT Act has led to an increase in veterans adjudicated as severely disabled due to toxic exposure. This rise will more likely than not necessitate State Veterans Homes to provide high-cost medications to more veterans. As the number of veterans requiring specialized and expensive medications grows, State Veterans Homes will face increased financial strain. It is essential to ensure that these homes receive adequate funding and support to meet the rising demand for care. This bill will help address the growing demand for high-cost medications in state homes and ensure that all veterans receive the health care they earned.

We support this bill in accordance with DAV Resolution No. 227, which calls on Congress and the VA to provide sufficient funding to support State Veterans Homes, including adequate per diem payments for skilled nursing care, domiciliary care and adult day health care, which properly support different levels of care within each program.

Draft Bill, to establish the period during which the referral of a veteran, made by a health care provider of the Department of Veterans Affairs, to a non-Department provider, for care under the VA Community Care Program, remains valid.

This bill seeks to streamline the referral process for community services, reduce administrative barriers, and improve access to care. The bill's primary objective is to establish the period during which a referral of a veteran, made by a health care provider of the VA, to a non-Department provider remains valid under the VCCP. The bill specifies that this period begins on the day the covered veteran has their first appointment with the non-Department provider. This provision would ensure veterans referred to non-Department providers have a clear referral validity period, facilitating smoother transitions.

We support this bill in accordance to DAV Resolution No. 18, which supports legislation that establishes clearly defined VA health care services for enrolled veterans.

Draft Bill, the Veterans Supporting Prosthetics Opportunities and Recreational Therapy or SPORT Act

The DAV has long recognized the importance of adaptive sports in the rehabilitation and well-being of veterans through our involvement with events like the National Disabled Veterans Winter Sports Clinic, and the National Disabled Veterans Golf Clinic. These recreational therapy programs help veterans improve their physical and mental health through sports and activities tailored to their abilities, while connecting them with other veterans and a community to help overcome limitations and challenge their perceived disabilities.

The Veterans SPORT Act seeks to include adaptive prostheses and terminal devices, for participation in sports and other recreational activities, in the medical services provided by VA to eligible veterans. Including adaptive sports devices is congruent with VA's holistic approach to veteran care, which includes the physical, psychological and social aspects of rehabilitation. This legislation aims to enhance the quality of life for our nation's ill and injured veterans by providing them with the necessary adaptive devices to participate in various sports and recreational activities, which plays a vital role in their overall physical and mental well-being. These devices enable service-disabled veterans to engage in a wide range of activities, including Paralympic sports like track and field, swimming, and wheelchair basketball; archery with adaptive equipment; cycling with hand cycles and adaptive bicycles; skiing with adaptive equipment; hunting with specialized devices; rock climbing with modified safety equipment; skydiving with adaptive gear; golf with adaptive golf equipment; and various water sports like paddle boarding, kayaking, pedal boating, and canoeing.

We support this bill in accordance with DAV Resolution No. 429, which urges the VA to keep centralized funding for Prosthetics and Sensory Aids Service to provide high-quality prosthetic items and train veterans on their use and care. By supporting this bill, we honor the sacrifices of our most severely disabled veterans and promote their overall well-being by providing them with the necessary adaptive devices to once again engage in sports and recreational activities.

In closing, the proposed bills under consideration by the Subcommittee today represent a comprehensive and multifaceted approach to addressing the urgent needs of our veterans. By prioritizing timely access to care, effective care coordination, and comprehensive, individualized health care options, these bills aim to enhance the quality of life for our veterans, who have bravely served our nation.

This concludes my testimony on behalf of DAV. I am pleased to answer questions you or members of the Subcommittee may have.