NATIONAL ASSOCIATION OF STATE VETERANS HOMES

"Caring for America's Heroes"

Testimony of

ED HARRIES, PRESIDENT

NATIONAL ASSOCIATION OF STATE VETERANS HOMES (NASVH)

Before the

HOUSE VETERANS' AFFAIRS SUBCOMMITTEE ON HEALTH

April 29, 2025

Chairwoman Miller-Meeks and Ranking Member Brownley:

As President of the National Association of State Veterans Homes (NASVH), thank you for the opportunity to testify today before the House Veterans' Affairs Subcommittee on Health regarding ways to strengthen State Veterans Homes (SVHs) by removing unnecessary bureaucratic obstacles and enhancing long term services for aging and disabled veterans.

As you may know, NASVH is an all-volunteer organization dedicated to promoting and enhancing the quality of care and life for the veterans and families in our Homes through education, networking, and advocacy. In addition to my role as President of NASVH, I work full time as the Executive Director/CEO of the Tennessee State Veterans Homes, which includes five SVHs in Murfreesboro, Humboldt, Knoxville, Clarksville, and Cleveland.

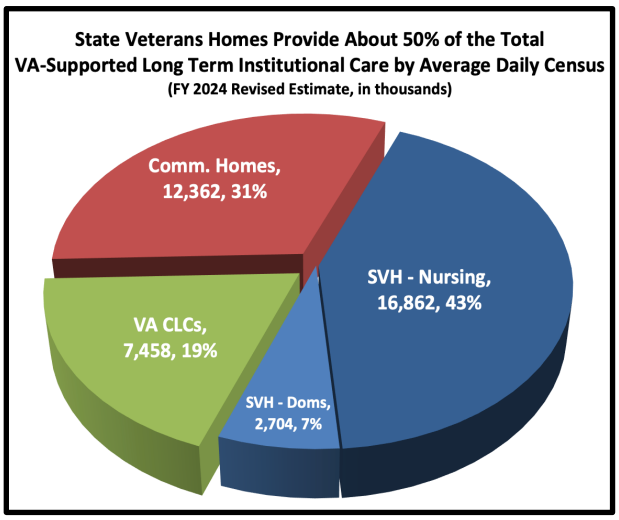
BACKGROUND OF THE STATE VETERANS HOME PROGRAM

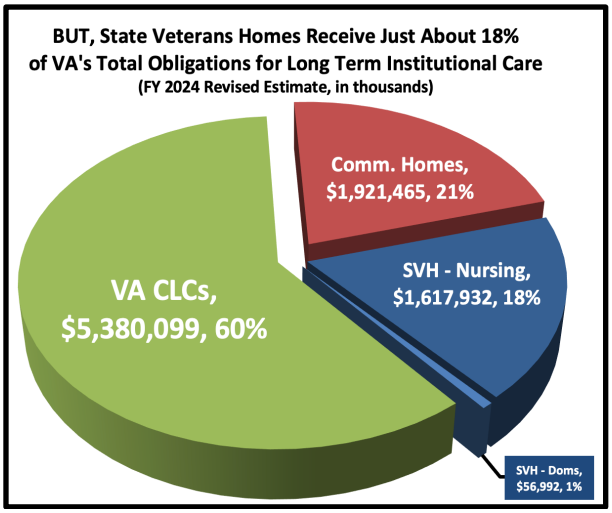
Madame Chairwoman, the State Veterans Homes (SVH) program is a partnership between the federal government and State governments that dates back to the post-Civil War period. Today there are 172 VA-recognized State Veterans Homes across the nation operating 166 skilled nursing care programs, 47 domiciliary care programs, and 3 adult day health care (ADHC) programs. NASVH is the only organization that represents their collective interests, and our membership is expected to continue growing as new Homes seek VA recognition.

To help cover the cost of care for veterans in SVHs, VA provides per diem payments at different rates for skilled nursing care, domiciliary care, and ADHC. For veterans who have service-connected disabilities rated 70% or greater, VA has a statutory obligation to provide nursing home care and the law requires VA to reimburse SVHs – as well as private contract nursing homes – at higher "prevailing rates" intended to cover the full cost of caring for these severely disabled veterans.

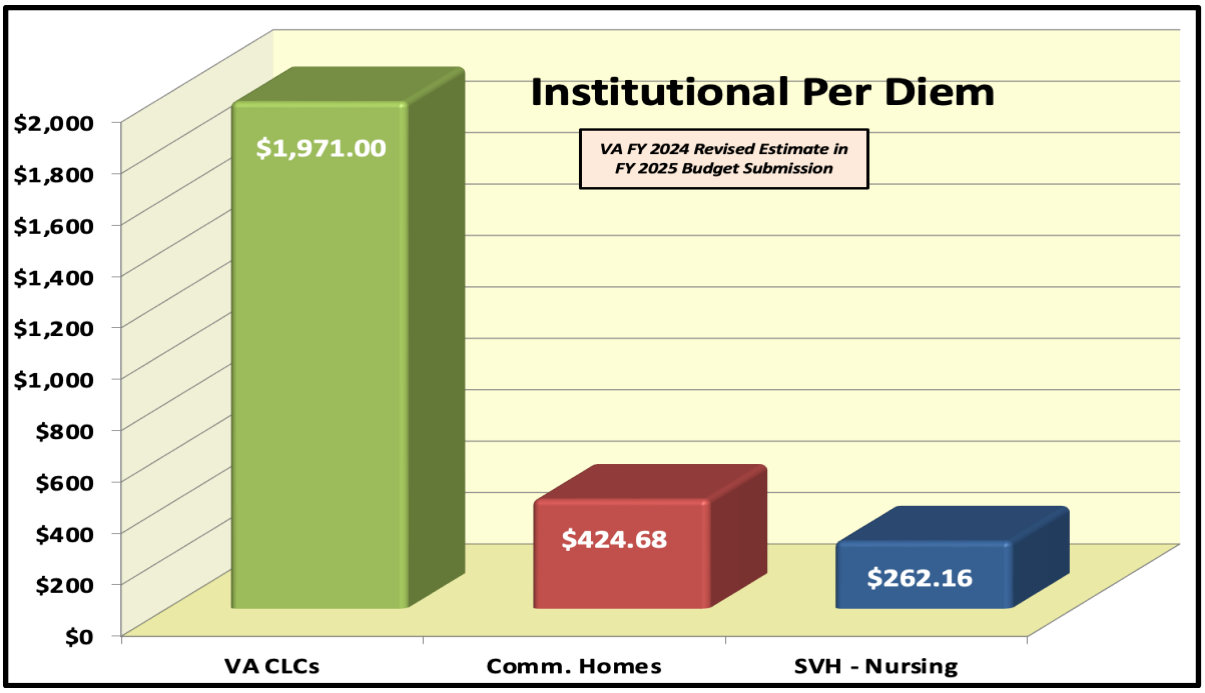
Today, there are over 30,000 authorized State Home beds providing a mix of skilled nursing and domiciliary care, which accounts for **half** of all VA-supported institutional long-term care for our nation's veterans, according to VA's most recent FY 2025 budget submission. However, in

providing this care, State Veterans Homes only consume about 18% of VA's total funding for veterans' long-term nursing home care. It's clear that the State Home program provides significant value to VA in meeting their obligations to the men and women who served.

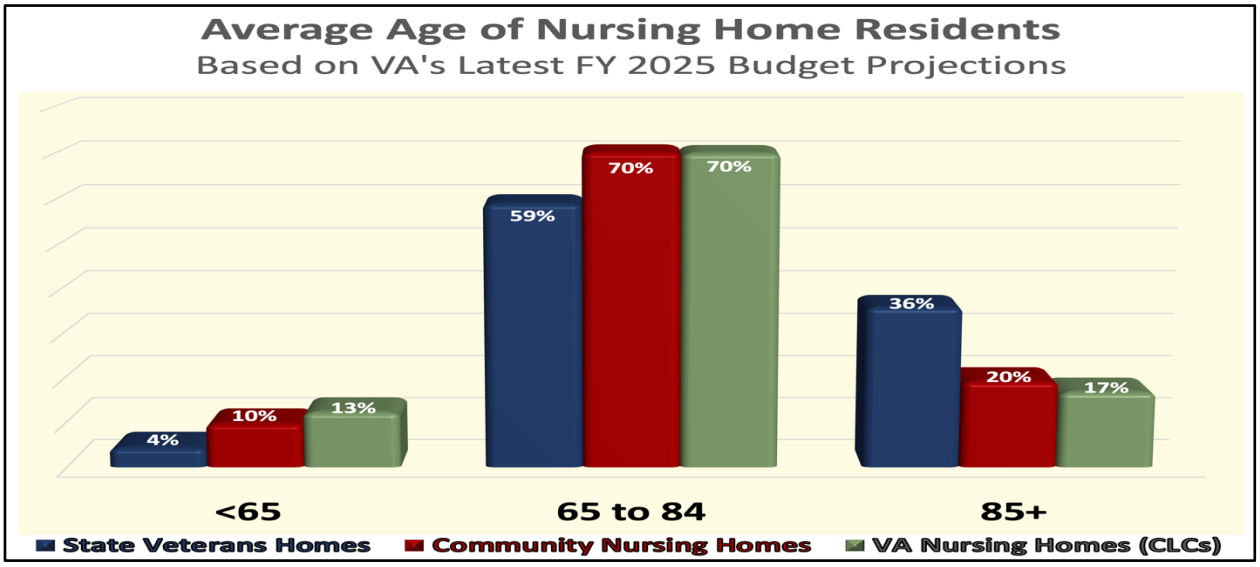




Furthermore, according to VA's FY 2025 budget, the institutional per diem for SVH skilled nursing care is currently $262; by comparison, the rate for private sector community nursing homes (CNHs) is $424, about 60% higher, and the rate for VA's Community Living Centers (CLCs) is $1,971, about 750% higher. Although there are important differences among these programs that account for some of these cost differences, there's no question that the SVH partnership plays a vital role by leveraging VA's appropriated funding with State matching funds for the benefit of the veterans we all serve.

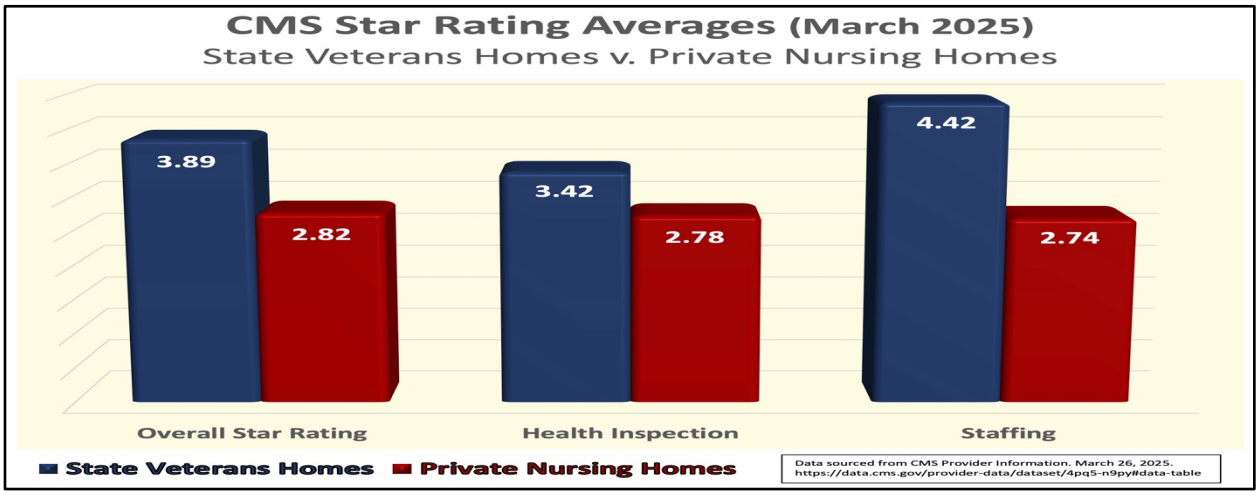


VA data shows that SVHs care for a significantly older veteran population than either VA CLCs or contracted community nursing homes. The number of veteran residents aged 85 or older in SVHs is about twice as high a percentage compared to VA's CLCs or private community nursing homes. State Homes also provide significantly more long-stay care and more end-of-life care compared to CNHs and CLCs, as would be expected for their older veteran population.

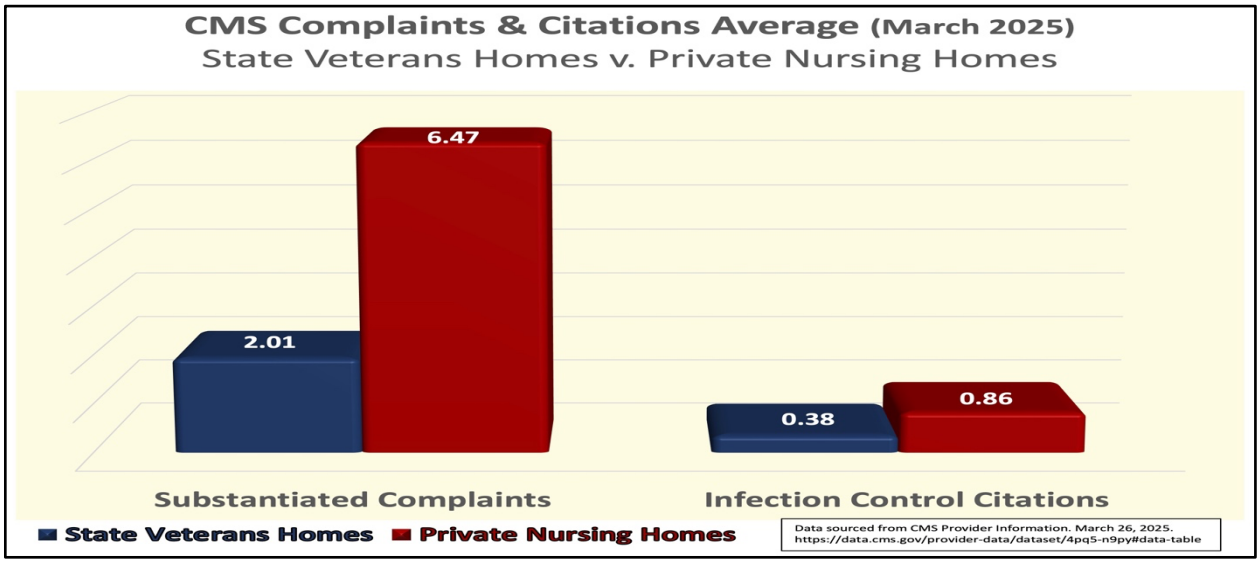


SAFETY AND QUALITY COMPARISONS

Studies and statistics continue to indicate that State Veterans Homes, on average, are safer, have higher quality ratings, and receive fewer substantiated complaints and citations compared to community nursing homes. According to the most recent data from the Centers for Medicare and Medicaid (CMS), approximately 70% of SVHs are rated by CMS as 4- or 5-star facilities, with an average rating of 3.9 out of 5 stars. By comparison, just 35% of CNHs received 4- or 5-star ratings, with an average rating of just 2.8 stars. SVHs received an average rating of 3.4 stars for health inspections, compared to 2.8 stars for CNHs. In terms of meeting staffing requirements, SVHs received an average of 4.4 stars – with almost 90% receiving either a 4- or 5-star rating, compared to just 30% of CNHs, whose average rating was only 2.7 stars.



State Veterans Homes also significantly outperformed community nursing homes in terms of the number of complaints and citations received. According to CMS data, CNHs had more than three times the number of substantiated complaints compared to SVHs on average and more than double the number of infection control citations on average.



These quality and safety measures are also borne out in a recent study published in *The Journal of the Post-Acute and Long Term Care Medical Association (JAMDA)* in February 2024. The study looked at COVID-19 infections and deaths in nursing homes between May 2020 and July 2022. It found that the average number of COVID cases per 100 beds in SVHs was 58.0 compared to 73.6 in CNHs, indicating that SVHs were more successful in preventing the entrance and spread of COVID compared to CNHs.

The study found that the average number of COVID deaths per hundred beds was approximately the same, with 9.6 deaths in SVHs and 9.7 deaths in CNHs. The researchers noted that the higher mortality rate in SVHs could be explained by the fact that, *"…the typical demographic of SVHs are men, who compared with women suffer an overall mortality disadvantage that only increases in old age.*" In fact, State Homes have an enormously higher percentage of men compared to community homes, and as stated above, SVHs also have a significantly older population of veterans compared to CNHs. Further, aging veterans typically have a greater number of comorbidities compared to similar aged civilians.

OVERSIGHT OF STATE VETERANS HOMES

One of the reasons that State Veterans Homes offer higher quality compared to community nursing homes (CNHs) is that SVHs have more layers of oversight. CNHs are primarily overseen by CMS, which contracts with the States to conduct an annual inspection survey. By contrast, State Homes have significant oversight regularly performed by VA, CMS and the State government which owns the Home, in addition to other federal, state, and local governmental entities that also monitor and inspect aspects of SVH's operations.

As required in statute, VA performs a comprehensive inspection survey of each State Veterans Home annually to assure resident safety, high-quality clinical care, and sound financial operations. This inspection survey is typically an unannounced week-long comprehensive review of each Home's facilities, services, clinical care, safety protocols and financial operations.

VA has extensive regulations covering every aspect of SVH operations. 38 C.F.R. Part 51, Subpart D, sections 51.60 through 51.210, provides a description of the standards for skilled nursing facilities that every State Veterans Home must comply with to ensure resident rights, quality of life, quality of care, nursing services, dietary services, physician services, specialized rehabilitative services, dental services, pharmacy services, infection control, and the physical environment of the Homes. In total, there are more than 200 clinical standards reviewed during VA's annual inspection survey, in addition to dozens of fire and life safety standards, which are outlined in the National Fire Protection Association (NPFA) Life Safety Codes and Standards. Finally, VA surveys and inspections conduct a financial audit concerning the Homes' financial operations and to ensure proper stewardship of residents' personal funds. There are also detailed regulations for domiciliary and adult day health care programs run by State Veterans Homes.

Every instance of non-compliance found with any of the hundreds of regulatory standards – regardless of whether it is unlikely to result in harm or whether it can be corrected on the spot – is documented and cited as a deficiency in the VA inspection report provided to the Home and the State government. In response, the SVH must provide VA with a corrective action plan (CAP) which explains how all violations will be remedied with a timeline for action. Subsequently, the SVH is required to provide VA evidence that it has completed the CAP to continue receiving per diem payments.

About 75% of State Veterans Homes are also certified to receive Medicare support for their residents and must undergo regular inspections by CMS to assure resident safety and quality care. The CMS inspection survey process covers more than 90% of the same clinical life and safety sections of the VA inspection survey in a week-long inspection that, like the VA inspection survey, is not announced in advance. All deficiencies identified by the CMS inspection must be corrected as a condition of continuing to receive CMS financial support.

In addition to the VA and CMS inspections, State Veterans Homes are also subject to both regular and periodic inspections and audits from the Inspector General of the Department of Veterans Affairs, and the Civil Rights Division of the Department of Justice.

Since SVHs generally function within a state's department or division of veterans' affairs, public health, or other accountable agency, they must also comply with all state-specific regulations. According to GAO, about 85% of SVHs are subject to either annual or "for cause" inspections by their states. Further, these SVHs typically operate under the governance and oversight of a board of trustees, a board of visitors, or other similar accountable public body. State Veterans Homes also have regular focused inspections from state and local authorities examining their fire safety preparedness, pharmaceutical practices, health and sanitary protocols, food safety practices and other public health and sanitization protocols.

OVERSIGHT VS. OVERREGULATION

While oversight is a necessary component of any well-run organization, it must be balanced against the dangers of overregulation. In State Veterans Homes, as in all nursing homes, proper oversight can help to ensure quality and safety. However, there can come a point where increased oversight becomes overregulation, which can have unintended consequences that undermine care delivery and operational efficiency.

Administrative Burden

Excessive oversight often requires nursing homes to dedicate significant time and resources to compliance tasks, such as completing detailed reporting, responding to audits, and preparing for frequent inspections. Community nursing home administrators spend an estimated 20 -30% of their time on regulatory compliance and reporting, diverting focus from resident care and staff management. Research published in *Health Affairs* (2019) found that U.S. nursing homes spend an average of 19.2 hours per week per facility on compliance-related documentation—translating into an immense amount of time that could otherwise be allocated to direct care. State Veterans Homes that are regularly inspected and certified by both VA and CMS are doubly impacted as they are scrutinized by and report to two independent regulatory entities, as well their States.

Financial Strain

Compliance with overreaching regulations increases operational costs, particularly for smaller or nonprofit facilities (which would include State Veterans Homes). Costs include hiring additional staff for documentation and compliance monitoring, investing in compliance software, or paying fines for minor and isolated infractions. This can lead to budget cuts in critical areas like staffing or facility maintenance, potentially lowering care quality and safety. According to a 2023 report by the American Health Care Association (AHCA), over 50% of nursing homes are operating at a financial loss, with nonprofit and government-operated facilities being the most vulnerable.

Staff Burnout and Turnover

Overregulation can create a high-pressure environment for staff, who face constant inspection survey and documentation demands, which can contribute to burnout and high turnover rates, disrupting staff continuity. Studies from the *Journal of Nursing Regulation* linked high levels of regulatory burden to increased moral distress among frontline staff and administrators alike.

Defensive Practices

Overly burdensome regulations have forced some nursing homes to focus on compliance over resident care to avoid citations, potentially leading to overly cautious or impersonal practices. For example, staff might limit resident activities to prevent falls, thus reducing residents' quality of life, or utilize medications to manage behaviors rather than addressing root causes. Excessive oversight can discourage facilities from adopting innovative care models or technologies due to regulatory hurdles or fear of noncompliance. For example, a RAND study in 2020 noted that facilities hesitant to adopt telehealth, personalized dementia interventions, or adaptive care models often cited fear of noncompliance as a primary barrier. In SVHs, where complex care needs and behavioral health conditions are more prevalent, innovation is not just beneficial—it’s essential.

Erosion of Relationships
Excessive regulatory monitoring can foster a dynamic of distrust between regulators and facility staff, which can compromise collaboration that would ultimately benefit our deserving veterans. Oversight should focus on high risk facilities, streamlining reporting, and must prioritize outcomes and quality of life-based metrics over bureaucratic compliance.

While good governance of any organization must include thorough and effective oversight, a point upon which NASVH, the States and VA all agree – overregulation can undercut its efficacy. Its important to remember that State Veterans Homes are not "just" nursing homes—they're specialized long-term care environments for aging veterans with service-connected conditions, often dealing with PTSD, traumatic brain injuries, and other complex comorbidities. Our regulatory framework must reflect that particular reality, emphasizing flexibility, clinical judgment, and partnership—not just paperwork.

CHALLENGES FACING STATE VETERANS HOMES

High Cost Medications

Currently, VA is required to furnish drugs and medications for veterans residing in SVHs who are receiving the basic per diem if the veteran: 1) is rated 50% or greater; 2) needs the medication for a service-connected disability; 3) is receiving VA Aid and Attendance benefits; or 4) has been determined by VA to be catastrophically disabled. If the veteran is seriously disabled (70% service connected or greater) and the Home is receiving the prevailing rate for that veteran, VA will **not** furnish or reimburse the cost of any medications since a small portion of the prevailing rate is intended to cover the cost of medications. However, as pharmaceutical breakthroughs continue, more veterans now require and receive extremely expensive medications that can cost more than the entire prevailing rate paid to the State Home.

For example, the Iowa State Veterans Home is caring for a 55-year-old service connected Air Force veteran who suffers from Crohn's Disease. Fortunately, he is receiving a drug called Stelara, which is administered through IV infusion, to help control his symptoms. However, this medication costs about $5,000 a week, for a total cost of over $20,000 a month. Despite the financial burden, the Iowa State Home decided to care for this veteran at a significant operating loss per day; but that likely means the Home will have to cut costs somewhere else. For example, they might be forced to admit fewer deserving veterans, their spouses, or Gold Star parents; or perhaps cut back on social, recreational, or other non-clinical services that contribute to their quality of life.

This same situation is occurring in State Veterans Homes across the country. In some instances, the Home has had to absorb the cost, impacting its ability to care for other veterans. In other cases, deserving veterans have been denied a choice of where to spend their final years because VA won't continue to pay for their medications at a State Veterans Home.

That's why NASVH strongly supports the *Providing Veterans Essential Medications Act* (HR 1970), legislation that would correct this inequity in the law. We'd like to thank you, Chairwoman Miller-Meeks, and Congressman Pappas for introducing this commonsense legislation that would empower veterans who need high cost medications to receive necessary skilled nursing care in the facility of their choice. It would alleviate a financial burden placed on

State Veterans Homes and provide equity between private contract nursing homes and State Veterans Homes for seriously disabled veterans who rely on very expensive drugs and medications.

Madame Chairwoman, NASVH was surprised and disappointed that the VA witness at the Subcommittee's March 11 legislative hearing testified in opposition to your legislation. We have been discussing this problem and possible solutions with VA for several years. In fact, during meetings and conversations with multiple VA leaders – including the previous Secretary, the current Acting Under Secretary for Health and multiple Geriatrics and Extended Care (GEC) staff – they not only indicated VA understood the problem but stated on multiple occasions that they were interested in solving it with NASVH; they even set up a working group to seek a solution. The technical concerns raised by VA during the Subcommittee hearing could all be easily overcome with clarifications and additional legislative language to avoid unintended consequences. In addition, VA's objection to the proposed reimbursement methodology in your legislation is puzzling since it is based directly on the methodology in contracts that VA has signed with private community nursing homes. NASVH remains ready to work with this Subcommittee, VA, and other stakeholders to address any and all concerns so that this critical legislation can move forward.

VA's Failure to Implement Sharing Agreements

Public Law 117-328, enacted in December 2022, required VA to create a standardized process for State Homes to enter into sharing agreements with VA medical facilities providing medical services to veterans in SVHs. Unfortunately, VA's cursory implementation of this legislation did not resolve the problem. Since the *Providing Veterans Essential Medications Act* would allow State Homes the option to have VA provide them with high cost medications, a sharing agreement between the SVH and VA would be required. Unless VA fully commits to resolving this longstanding problem with sharing agreements, this provision of the legislation might be ineffective. NASVH believes additional congressional oversight or legislation will be required to end this problem and we would be pleased to work with the Subcommittee in this regard.

Specialty Care for Veterans in State Homes

Another problem State Homes must overcome is VA's failure to cover the cost of specialty care for veterans in SVHs. Although VA is required by law to pay for specialty care, especially when the care is due to a service-connected condition, in practice VA is regularly refusing to cover the cost for veterans to receive certain specialized health care services, including psychiatric care.

For example, VA has interpreted mental health services to include psychiatric care services and has stated that there are no specified "specialty" mental health services that the VAMC may provide to eligible residents without a signed written sharing agreement with the SVH. Psychiatric services are outside the scope of primary care services provided in the SVHs and, therefore, should be considered and treated as specialty care, similar to cardiology and urology specialty care services. VA's current interpretation is not right, and it is not oriented for the benefit of the veterans we care for. We would like to work with this Subcommittee to explore legislation to mandate that VA pay for all specialty care – including psychiatric care – for veterans residing in State Veterans Homes.

Financial Challenges

Many State Veterans Homes face continuing and significant financial challenges, in part because they have never fully recovered from the severe impacts of the COVID pandemic that increased costs, while reducing revenues when new admissions were suspended. To help address this problem, NASVH supports an increase in the basic per diem rates paid to SVHs. Under the law, VA is authorized to pay a basic per diem that covers up to 50% of the cost of a veteran's care, however the value of the basic per diem has eroded in recent years to the point that it is now equivalent to less than 30% of the actual cost of care, and as low as 20% in some states with higher costs-of-living. NASVH would welcome conversations with the Subcommittee about potential legislation that would set the basic per diem rate permanently at 50% of the daily cost of care.

Another resource challenge impacting State Veterans Homes is the lack of matching funding from the federal government for the State Home Construction Grant program. Currently, VA has a backlog of almost $2 billion in federal matching grants for States that have already secured their share of funding for the construction, rehabilitation, and repair of State Veterans Homes. However, Congress appropriated only $171 million this year even as the need continues to grow. It is imperative that Congress increase funding to catch up and eliminate the backlog of pending State Home Construction Grants. NASVH strongly recommends that Congress appropriate at least $650 million for FY 2026 to fund half of the pending Priority Group 1 grant requests.

Staffing Challenges

One of the biggest challenges facing State Veterans Homes is the inadequate number of clinical professionals, a problem for all health care institutions. Current staffing shortages are impacting veteran access to care since many SVHs are compelled to turn away new admissions due to their inability to recruit, hire, and retain sufficient staffing. NASVH has been grateful for VA's Nurse Recruitment and Retention Scholarship program which has had a positive impact on a number of SVHs. We are asking Congress to expand that program so that more Homes can benefit from it. At the same time, we believe that a similar program for other critical staffing vacancies – such as physical therapists, dieticians, social workers, etc. – could help boost the ability of SVHs to compete with private sector employers who are able to offer higher salaries and benefit packages. We hope to work with Congress to develop new and innovative programs that will help SVHs recruit and retain sufficient staffing to allow more veterans to be served by our Homes.

OPPORTUNITIES TO EXPAND SERVICES AT STATE VETERANS HOMES

Today, there are an estimated 8.3 million living veterans aged 65 or older, approximately 4.9 million who are 75 or older, and 1.3 million who are 85 or older. In total, the average daily census (ADC) for all VA-supported nursing home is only about 32,000 veterans; which is less than one-half of 1% of the approximately 8.3 million living veterans aged 65 or older, and just over 2% of those 85 plus; and VA projects these percentages to drop in future years.

Over the past decade, VA has been placing greater focus and resources on home- and community-based services (HCBS) and NASVH strongly supports expanding these services to provide aging veterans a full spectrum of long term care options. However, the amount of

nursing home care supported by VA today is woefully inadequate compared to the overall number of aging veterans. Although the need for nursing home care may diminish as the veteran population declines in future years, it will never go away; there will always be significant numbers of veterans who lack adequate family support to allow them to age at home. For these reasons, Congress and VA must continue to make smart investments to sustain and expand traditional bed-based care. VA should also expand home- and community-based care, but it should be an addition to, not a subtraction from facility-based care.

NASVH and our member State Veterans Homes will continue to seek new and innovative ways of delivering long term services to aging and ill veterans, including through a range of graduated care options for veterans who need support to age in place. SVHs understand aging veterans' needs and have expertise in connecting them with their VA benefits and services. With our clinical knowledge and extensive infrastructure, State Veterans Homes could serve as hubs in communities across the country, particularly in rural areas, to offer aging veterans a full spectrum of long term support services, including home-based care.

Adult Day Health Care Programs

In addition to skilled nursing and domiciliary care programs, SVHs are authorized to offer Adult Day Health Care (ADHC), which is a non-institutional alternative to a skilled nursing facility for aging veterans who have sufficient family support to remain in their own homes, but who need or will benefit from a day program that promotes wellness, health maintenance, and socialization. ADHC can help to maximize the participant's independence and enhance their quality of life, as well as provide much-needed respite for family caregivers.

To increase veterans' access to SVH ADHC programs, NASVH offers two recommendations. First, VA and Congress should modify and/or clarify current regulations so that the State Veterans Home Construction Grant program can be used to construct, modify, or expand SVH facilities to operate new ADHC programs. VA's current interpretation of federal regulations does not allow a SVH to apply for a construction grant in order to begin a new ADHC program; it may only seek a grant to expand or replace a facility being used currently for ADHC. Although dozens of states have expressed interest and taken steps towards offering adult day health care services, the single greatest barrier to entry is the construction of new or modification of existing space to properly operate an ADHC program. We call on Congress to work with VA to make this commonsense adjustment to encourage expansion of SVH ADHC programs.

Second, VA should authorize and take actions to encourage SVHs to establish satellite ADHC programs outside their facilities and campuses in more conveniently located areas where there are high concentrations of veterans who could use these services. For example, the Long Island State Veterans Home's ADHC program can only serve veterans in Suffolk County because of the distance they would have to travel. However, they have been working for several years to open a satellite ADHC program in neighboring Nassau County, which would open up this life-changing service as an option to thousands of additional veterans and their family caregivers.

Additional Home-Based Care Services in State Veterans Homes

In addition to expanding ADHC programs, NASVH also recommends that Congress and VA explore other ways for SVHs to develop new home-based programs, including ones similar to

VA's Home Based Primary Care, Homemaker Home Health Aide Care, Respite Care, Palliative Care and Skilled Home Health Care. For example, during the COVID pandemic, the Long Island State Veterans Home was forced to temporarily shut down its ADHC program under State orders intended to protect veterans. However, the Home was able to pivot to an innovative program that supported the veterans enrolled in its ADHC program by providing meals, PPE, telehealth, and home care visits. VA was able to support this temporary program using emergency powers granted to the Secretary during the pandemic.

Given the flexibility and financial benefits to VA from partnering with State Veterans Homes, there are myriad possibilities for better addressing the changing demographics, needs and preferences of veterans today and in the future. Many State Veterans Homes already offer a number of medical and therapeutic services that could be provided on an outpatient basis for veterans participating in home-based programs.

With our expertise on the needs of aging veterans, SVHs could develop an array of home-based services to support veterans who want to age in their own homes. When they are no longer able to remain at home, SVHs could ease their transitions to facility-based skilled nursing care. Such an integrated non-institutional program could begin as a pilot program, with different states customizing it to meet local circumstances. NASVH recommends that Congress consider establishing pilot programs to explore new arrangements for providing integrated home- and community-based programs through and in partnership with State Veterans Homes, offering a full spectrum of support from home care to skilled nursing care.

Expanding the Spectrum of Care in State Veterans Homes via Assisted Living

State Homes currently offer two levels of residential care: skilled nursing care for those who need significant support completing activities of daily living (ADLs) and domiciliary care, for those who are able to complete their ADLs, but require shelter, food, and other basic necessities. With millions of aging veterans no longer able to live independently, but whose needs fall in between these two levels of VA-supported care, NASVH believes it is time to begin offering assisted living programs in State Veterans Homes, which could offer greater support than offered by domiciliary care and would cost less than skilled nursing care.

NASVH was pleased that legislation we supported was included in the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (P.L. 118-210) authorizing VA to create a pilot program to provide assisted living care for veterans. In particular, we appreciated the inclusion of a State Veterans Home in this pilot program, and we look forward to its swift and faithful implementation.

Strengthening Mental Health Care for Aging Veterans in Nursing Homes

Section 163 of Public Law 117-328, enacted in December 2022, required VA to create a new geriatric psychiatry pilot program at State Veterans Homes. Aging veterans with severe mental health and behavioral issues represent a challenge for both VA and SVHs due to the high level of supervision and intensive care required, particularly for veterans who pose a danger to themselves or others. The intention of this provision was to develop models of care for aging veterans with serious mental health issues which could be replicated at other SVHs to help care for this vulnerable population. Several states had indicated a willingness to move forward with

implementing this type of geriatric psychiatry program, including Louisiana, Washington, and West Virginia, if VA could provide some additional resources to support these programs.

Unfortunately, VA's implementation of this provision did not support the development of geriatric psychiatric programs at SVHs; instead, it offered a limited expansion of tele-mental health consultations through VA's Clinical Resource Hubs for SVH mental health clinicians who need additional expertise and advice. While this program may provide value to some Homes, it was not what was intended by the legislation, nor what is needed for this neglected segment of the aging veterans population. NASVH continues to believe that State Veterans Homes can play a larger role in addressing the mental health care needs of aging veterans, as this legislation intended, and would welcome the opportunity to work with the Subcommittee to reintroduce legislation that would do just that.

In fact, research has shown that many of the supports that State Homes provide to its aging veterans are protective factors for veterans in crisis and at risk of suicide. Further, veterans who connect with SVHs – whether in skilled nursing facilities, domiciliaries, or in adult day health care programs – are more likely to access other VA and state veterans services. For these reasons, expanding the scope of long-term care services offered by State Veterans Homes could play a small but meaningful part in VA's suicide prevention efforts.

Conclusion

Madame Chairwoman, State Veterans Homes can and must play a greater role in meeting the needs of aging veterans in partnership with VA and other federal agencies. NASVH looks forward to continuing to work with the Subcommittee to ensure that veterans who need long term care services can continue to receive safe, high-quality, and accessible care at State Veterans Homes. We would also welcome the opportunity to work with the Subcommittee to help expand aging veterans access to a full spectrum of long-term care options, whether at home or in nursing homes. That concludes my statement, and I would be pleased to answer any questions that you or Members of the Subcommittees may have.