



NATIONAL ASSOCIATION OF STATE VETERANS HOMES

"Caring for America's Heroes"

Statement of
ED HARRIES, PRESIDENT
NATIONAL ASSOCIATION OF STATE VETERANS HOMES (NASVH)

in support of
H.R. 785, REPRESENTING OUR SENIORS AT VA ACT OF 2025

Hearing of the
HOUSE VETERANS' AFFAIRS HEALTH SUBCOMMITTEE
June 12, 2025

Chairwoman Miller-Meeks and Ranking Member Brownley:

As President of the National Association of State Veterans Homes (NASVH), I'm pleased to offer our strong support for H.R. 785, the Representing our Seniors at VA Act of 2025, legislation to include a member of NASVH on VA's Geriatrics and Gerontology Advisory Committee (GGAC). This legislation is a commonsense effort to ensure that the experience and expertise of a State Veteran Home (SVH) leader is a part of VA's long term care planning.

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. 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 representing their collective interests, and our membership continues to grow as new Homes seek VA recognition.

With over 30,000 authorized State Home beds providing a mix of skilled nursing and domiciliary care, SVHs provide approximately half of all federally supported institutional long-term care for veterans yet consume less than 20% of VA's total budget for veterans' long term nursing home care. Having a permanent seat for a NASVH member would add a critical voice commensurate with the leading role that State Veterans Homes play in meeting veterans long term care needs.

The GGAC was first authorized by Public Law 102-40 in 1991 to advise VA on all matters pertaining to geriatrics and gerontology, and was charged with three specific tasks:

1. Evaluate the operation and effectiveness of VA's Geriatric Research Education and Clinical Centers (GRECCs);
2. Assess the demand for long term care by veterans and VA's capability to provide high quality geriatric and extended care services; and
3. Assess the current and projected needs for veterans' long term care services and VA's activities and plans to meet such needs.

H.R. 785 would require the appointed NASVH member to be a licensed nursing home administrator, which would provide a different perspective from the clinicians, researchers, and academics on the GGAC. Historically, there have been few, if any, GGAC members with direct experience leading or overseeing nursing homes, and particularly not ones focused on the care of aging and disabled veterans.

For more than a decade, NASVH had proposed a number of highly qualified leaders for membership on the GGAC, however none had been chosen until last year. Among the arguments that some VA officials had made against a NASVH member was that State Home administrators were not “experts” and that the GGAC already had sufficient expertise. However, the vast majority of GGAC members have never run a nursing home, nor worked directly on issues related to aging and disabled military veterans and their unique medical and social challenges.

We were pleased last fall when then-VA Secretary McDonough and Under Secretary Elnahal agreed to add a NASVH member, however we were disappointed to learn that the NASVH member would be a “non-voting” member of the GGAC. We were told that a NASVH member would have a conflict of interest, since State Veterans Homes receive funding from VA, even though many current and past members of the GGAC have worked for organizations or companies that have an interest in federal policies related to long term care.

For example, the GGAC’s immediate past Chairman, David Gifford, was the Chief Medical Officer for the American Health Care Association (AHCA), which lobbies on behalf of thousands of nursing homes, overwhelmingly private ones. Most of these nursing homes receive significant federal funding through the Center for Medicare and Medicaid Services (CMS), and many also have contracts with VA for the care of veterans. Yet, Dr. Gifford was able to successfully lead the GGAC and manage his dual roles in conformity with federal ethics rules.

While NASVH receives no funding from VA or any federal agency, if a member of NASVH appointed to the GGAC also works for a State Veteran Home, then that member would certainly recuse themselves appropriately, in the same manner as other GGAC members whose jobs, organizations, and companies are impacted by federal funding, grants, and policies.

Madame Chairwoman, State Veterans Homes can and must play a greater role in meeting the needs of aging veterans and their caregivers in partnership with VA and other federal agencies. One way to strengthen that partnership is to ensure that NASVH and its members are engaged when VA is discussing, evaluating and making plans to improve the access to and quality of long-term care for our nation’s aging and disabled veterans.

NASVH fully endorses H.R. 785 and looks forward to continuing to work with Congress and VA to ensure that veterans have greater access to a full spectrum of long-term care options, whether at home or in nursing homes. Adding the experience and expertise of a NASVH member will not only benefit the GGAC but will also improve the lives of America’s heroes.
