Statement of Mrs. Caira Benson
House Veterans' Affairs Committee
Subcommittee on Health
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Chairwoman Miller-Meeks, Ranking Member Brownley, Members of the House Committee on Veterans' Affairs, thank you for inviting me to testify today. As the wife and caregiver of a severely injured and ill combat veteran, it is my honor to speak to some proposed legislation that could lessen the burden each of our caregiving families face every day.

Veteran family caregivers are a group of people who have been tempered in the fires of a war many will never see and even fewer will understand. We are forged stronger every day we fight for appropriate care for our loved ones.

I care for my husband, Eric, deployed twice to Iraq between 2003-2006, spending roughly over 20 months in combat zones. I immediately noticed things were off upon his return home, but I was told not to worry. It was only "expected reintegration stress." By 2007, my husband's "reintegration stress" would ensure he couldn't feel his legs when he ran. He was quickly put on a permanent profile, meaning he was unable to carry out a mission due to medical conditions that had not stabilized, and, due to deployment readiness policies at the time, my husband was separated from the Army with no medical board and no financial security.

We would spend the next decade fighting for understanding of his injuries as well as proper diagnosis and treatment while often facing the worst-case scenario. Initial screens for Traumatic Brain Injury (TBI) were non-existent or misunderstood; the Veterans Health Administration (VHA) originally told me my husband's IQ was too high to have suffered TBI, despite all evidence to the contrary. By 2010, my husband needed full-time care, and I would have to step down from my position as an executive director at a non-profit. It would take us until 2018 to formally diagnose my husband's multiple TBIs, despite a clear record of evidence. It would take another year to figure out his case was complicated by toxic encephalopathic process, most likely due to chemical exposures. The two conditions, mingling together, started a path of neurological degeneration that cannot be stopped.

Today, Eric is considered by the Department of Veteran Affairs (VA) to be permanently and totally disabled and unable to work. He is wheelchair dependent, struggles cognitively, suffers from migraines and blackouts, and is visually impaired. I care for him full-time and am enrolled in the VA's Program for Comprehensive Assistance for Caregivers (PCAFC). His TBI care is considered complex enough it is managed by a university specialty neurological team.

You should know I am also mom to five amazing children, three of whom have needed specialized care over the years. The day my husband was awarded permanent and total status, my children and I became eligible for the Civilian Health and Medical Program of the Department of Veteran Affairs (CHAMPVA). CHAMPVA is medical coverage offered to dependents and survivors of eligible veterans, mainly those with 100% permanent and total disabilities. CHAMPVA is also offered to caregivers through PCAFC. I breathed a sigh of relief knowing that we, too, would have appropriate health care for our needs.

However, in 2021, one of my children began attending college prior to their 18th birthday and needed monthly medications. We mailed the certification paperwork, but, when I went to fill prescriptions, I found out CHAMPVA was inactive. I called CHAMPVA, sat on hold for 4 hours, and was told that CHAMPVA's central mail facility was 6 months behind opening mail. Because my child was on medications that would cause permanent damage if terminated without tapering, I was offered an expedited process to certify and activate the CHAMPVA coverage within 7 days via fax. We used the same method to certify coverage in 2022. However, in the fall of 2023, coverage lapsed again when certifications began to be required on a semester basis instead of a yearly basis, compounding the mail-in timeframe dilemma. Horrifyingly, CHAMPVA agents relayed to me that CHAMPVA had terminated the ability to expedite certifications in the fall of 2024.

My child, who is in therapies and on daily medications, suffered from lapsed coverage between semesters—even over Christmas break—due to the way certification was completed. CHAMPVA's archaic mail system, often months behind in opening mail, complicated the ability to maintain coverage. Winter break and summer break became a mix of timing medication pickups prior to coverage loss and paying out of pocket for any therapies or doctor's visits. Indeed, until last month, my child, who was enrolled in school, had been without insurance since November 2025, had been paying out of pocket for meds and therapies, and had an unpaid ER bill sent to collections. However, it wasn't a miracle in the mail room that finally activated the CHAMPVA coverage; it was an executive inquiry within VHA.

I have another child who graduated high school this past May. With licenses and certificates in hand, my child desires to work instead of going to college. However, this child knows that within the next 6 months, their CHAMPVA coverage will disappear unless they enroll in college or trade school. Can you imagine the pressure on this 17-year-old who worked day in and day out to finish high school and attain a drone pilot's license within 3 years to meet their goals? This child who has given up so much to aid me in the care of their father, who has suffered the trauma of watching their father's degeneration, and who has been devastated over the lack of appropriate care for both their father and their siblings — tell me, how do I tell my child that the system meant to help us has spectacularly failed once more?

Caregivers like myself and our families need CHAMPVA fixed and that begins with ensuring our children, who have already given so much, don't have to worry over loss of coverage upon their 18th birthday or suffer from lapse of coverage due to an archaic certification process by passing H.R. 1404, *The CHAMPVA Children's Care Protection Act*. This legislation would help alleviate these egregious situations by authorizing CHAMPVA eligibility automatically through age 26, allowing us to forgo the constant bureaucracy, which makes using the benefit a challenge. It also recognizes the true nature and sacrifice of these young caregivers by allowing them the support they need to transition from caregiving into adulthood while having their medical and mental health needs supported during key years. Allowing the younger dependents coverage until age 26 is crucial and aligns with not only private, civilian insurers but also the age limit CHAMPVA eligible dependents CHAMPVA must begin to use their VA Chapter 35 Dependent's Education Assistance.

I understand in VA's testimony to the Senate Veteran Affairs Committee on May 21, 2025, VA indicated they opposed this bill due to the nature of CHAMPVA, arguing that it is a medical service and not an insurance product.

However, the industry, the federal government, and, more often than not, VA treat CHAMPVA as an insurance product. For instance, like those covered by Medicaid, Medicare, or TRICARE, my family may not take part in the drug cost reduction programs offered to patients on fixed or low incomes due to our eligibility for CHAMPVA. If we choose to shop for insurance through the Health Care Marketplace, CHAMPVA enrollees are not eligible for either financial assistance nor advance premium tax credits. Every year, CHAMPVA enrollees receive a 1095-B attesting to the fact that CHAMPVA counts as minimum essential coverage under the Affordable Care Act. Finally, even VHA states that CHAMPVA is only available to caregivers enrolled in PCAFC when they have no other health insurance.

CHAMPVA provides explanations of benefits (EOB), approves and denies diagnostic codes, approves and denies medical treatment codes, and remits payment for enrollees to providers for approved services rendered by the medical community. CHAMPVA even has out-of-pocket maximums, deductibles, copays, and a medication formulary with tiered pricing. I admit I am a lay person, but this feels like every other insurance product I have ever received through an employer.

While I'm here to support extending CHAMPVA coverage to age 26, I also ask that this Committee use its oversight authority to improve the system itself so our families can find appropriate medical care.

To help you understand the challenges, let me explain what using CHAMPVA is like. In 2019, when one of our children was hospitalized and needed movement to a residential facility, I was told to find a facility that would take CHAMPVA, as there was no facility nor provider network available under CHAMPVA. I called over 20 TRICARE approved facilities to see if they had a bed available or could add my child to their waitlist. All but one turned me down immediately. The reason – prior authorizations under CHAMPVA since January of that year were taking upwards of 6-9 months. The one residential facility that did agree to treat our child had a stipulation – we were to sign a $110,000 promissory note upon admission in the chance CHAMPVA refused authorization and payment. Later during treatment, I would be told that CHAMPVA had ordered a discharge within 24 hours, even though our child had not completed their treatments. Only intervention by a VHA executive, finding the preauthorization form in the mail room, enabled necessary continued hospitalization approval.

Another of my children needed specialized therapy during 2020 and 2021. The physician didn't routinely take CHAMPVA, but, wanting to help us, agreed to see us and bill CHAMPVA. Our child completed her therapy in 2021. In 2023, I received a call from the physician's office. They had finally received payment from CHAMPVA with the exception of one therapy session, which I would have to pay for myself. I gladly paid and asked about the delay; the account manager relayed that she'd had to mail-in everything and simply wait. Because CHAMPVA has no provider contracts or a published fee schedule, the provider only had a ballpark estimate of what their payment would be until the claim was returned. Due to the mail-in claims system, lack of automation, and lack of published fee schedule, providers must wait inordinately long periods of time for payment, and that payment is a relative unknown until it is received. I can't think of a better scenario to discourage provider participation.

As I mentioned above, CHAMPVA has no contracted network of providers or facilities. It has no published fee schedule to share with potential providers. It processes the majority of claims using paper sent through a mail-in center, lengthening the time between physician or enrollee submission, claim processing, and enrollee reimbursement. CHAMPVA processes certifications, coverage additions, and changes of information through mail – using a single mail center in Colorado for all 737,000 enrollees. While an online portal currently exists for initial applications only, its functionality varies.

Providers who have agreed to take CHAMPVA often have mixed messaging – hospitals can file electronically, but most providers I've spoken to must file by mail. Some are told to file with the mail-in center in Colorado, while others are told to file directly with the local VAMC Community Care Network (CCN). Filing and retaining pay for services has become so cumbersome that the number of providers willing to file it in my area, which is last year's fastest growing county in the United States, dropped to 2 practices outside hospitals and urgent cares. Neither practice willing to file CHAMPVA contains a pediatrician.

Once again, I'm paying out-of-pocket for basic, routine, and pediatric care. I've stopped filing for reimbursement myself due to the burden of the process, including diagnostic codes which may or may not be covered and long pay times.

My understanding is that CHAMPVA falls under VHA's Office for Integrated Veteran Care (IVC), which also runs VHA's CCN. If that is true, why could VA not use the existing CCN structure to provide for network providers, a published fee schedule, and electronic claims submissions? It seems that it would be far more efficient, reduce the burden on VA and providers, and better meet the medical best interest of our veterans' dependents and caregivers.

As a wife and caregiver, I have fought every day for appropriate care for my husband and for my children. Yet, I know another fight looms on the horizon.

Not long ago, I firmly realized, like so many other caregivers, I would eventually become a survivor. Having given over a decade to being a sandwich caregiver, I am situated to outlive my veteran with almost no retirement, no active work credits, and almost no life insurance for my and my family's financial security.

Because we have fought so long for appropriate care and ratings, my family has financially suffered. I left my growing career in non-profit administration at the age of 30. What I had saved in retirement until that point was cashed out to pay for emergent medical care for my family. We have struggled, but survived, for over a decade on only disability income. The severity of my husband's injuries, like so many others, makes him uninsurable for life insurance.

I am not alone. Mozella Richardson Kamara, a 2025 Dole Caregiver Fellow from Delaware, studied for many years to become a civil engineer, but left her job to care for her veteran husband who suffers from many service-connected disabilities, both neurological and physical. Like myself, Mozella made this choice to ensure the immediate well-being of her husband, and, out of love, sacrificed her own long-term professional goals and retirement potential for the benefit of her family and service-connected veteran husband.

According to a recent RAND report, commissioned by the Elizabeth Dole Foundation and released in September of last year, military-connected caregivers save this nation billions in healthcare costs by providing a minimum of $119 billion in unpaid care. In exchange, we face this harsh reality — when our caregiving ends, most of us will be financially destitute.

As this harsh reality was revealed, I started planning what I could. I used my Chapter 35 Dependents Educations Assistance to finish a terminal degree remotely, all while caring for both my husband and our children. Once I graduated, I overhauled my resume and began seeking any kind of contract work so that I had some earned income. That earned income allowed me to finally contribute some small amount to a retirement plan. It's too little, too late, but it is something more than 0.

With the growth of remote work, I eventually began searching for full-time work so that I could once again have work credits to pay toward Social Security and pay toward student loans. Employers are not designed to be caregiver friendly, even with their remote employees. I found an employer willing to be flexible with me, and I excelled at my job. Unfortunately, I had to resign recently because my salary would not entirely cover the cost of care for my husband while I worked. I loved my work, I had stellar performance reviews, but I was working at a net negative after expenses.

Like Mozella, I have once again put aside my own personal and professional goals to care for those who need me. But caregivers like Mozella and me, we need you to pass H.R. 2148*, The Veteran Caregiver Reeducation, Reemployment, and Retirement Act.*

This bill won't fix the entirety of the problem, but it is a valuable first step in ensuring caregivers can begin to establish safety-nets of their own. It will begin the process and hopefully eventually allow caregivers like Mozella and me to contribute to a retirement fund. More immediately, it will provide caregivers financial security by allowing for returnships, or other possible work-rentry program, and paying for re-licensure in careers like teaching and engineering, ensuring caregivers like Mozella experience fewer obstacles to returning to work.

It is a truth that one day, every caregiver will stop caregiving, either through the veteran's improvement or their passing. As a thankful nation, we should ensure veteran caregivers do not end up in poverty simply because they ensured their veteran had appropriate care due to the wounds, illnesses, and injuries sustained while serving their nation.

Again, I am honored to be here at the request of the Committee and the Elizabeth Dole Foundation. I am ever thankful that Senator Elizabeth Dole led the charge to build a remarkable non-profit that ensures caregivers like me are seen, accepted, supported, and encouraged. Senator Dole gave caregivers a voice so we are heard in places such as this Committee room. Every day, caregivers carry out the work of caring for, as President Lincoln said, those who have borne the battle. To support the veteran, we must also support the caregivers, survivors, and families who bear the burden of the war that continues to rage at home.

I thank you for your time and attention, and I look forward to your questions.