



Written Statement for the Record of
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Committee on Veterans' Affairs, Subcommittee on Health
U.S. House of Representatives

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Chairwoman Miller-Meeks, Ranking Member Brownley, and Members of the Subcommittee,

My name is Stephanie Costello, and I am a Senior Counsel with Berry Law. I am proud to submit this statement for the record in support of the Subcommittee's work on legislation affecting veterans' health care and disability benefits.

Berry Law represents veterans nationwide in VA disability claims, including complex cases involving chronic pain, neurological conditions, mental health disorders, and service-connected toxic exposures. Through this work, our firm has gained extensive firsthand experience with how VA health care delivery, clinical documentation, and administrative policy affect veterans' ability to establish service connection and receive accurate disability ratings.

Our attorneys and staff regularly interpret and apply VA statutes, regulations, and claims guidance, providing practical insight into how legislative and policy changes operate in practice, both in the delivery of care and in the evidentiary record used to adjudicate claims. This claims-focused perspective allows Berry Law to evaluate proposed legislation not only as a matter of policy, but also in terms of its tangible impact on veterans navigating the VA system.

Our perspective complements the indispensable work of Veterans Service Organizations by offering formal legal expertise, appellate advocacy, and an integrated understanding of how medical evidence, access to care, and benefits adjudication intersect. Because veterans' health outcomes, access to care, and disability compensation are deeply interconnected, improvements to

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VA claims processes directly reinforce the Subcommittee’s mission of ensuring timely, high-quality care for those who served.

While this hearing primarily focuses on health care delivery and outcomes, the bill evaluations that follow also highlight how the proposed measures can strengthen VA disability compensation processes. Each analysis demonstrates that improved access to care, enhanced research, and higher-quality clinical documentation not only support health outcomes but also reinforce service-connection determinations, enable more accurate disability ratings, and improve the efficiency and fairness of claims adjudication. These recommendations are designed to complement the health-focused goals of the legislation, ensuring that enhancements in care and treatment also translate into meaningful benefits for veterans navigating the VA claims process, without creating unnecessary administrative burdens for veterans or their care teams.

The recommendations that follow are based on Berry Law’s experience representing veterans and are offered to provide practical, actionable insight into how the proposed legislation may affect both health care delivery and disability claims outcomes.

Legislation Summary Table

This summary provides an overview of the key provisions discussed through this testimony, their potential impacts on VA disability claims, and our recommended refinements to maximize benefits for veterans.

| <u>Bill Name</u> | <u>Purpose</u> | <u>Key Support Points</u> | <u>Primary Recommendations</u> |
|--|---|---|---|
| <i>BEACON Act (TBI Research)</i> | Fund VA grants for chronic mild TBI research & clinician training | Advances neurorehabilitation evidence; strengthens service-connection adjudication; improves clinician training | Link research outcomes to VA DBQs and rating schedules; ensure veterans & representatives have access to findings |
| <i>Blast Overpressure Task Force Act</i> | Coordinate research on blast-related health effects | Generates robust clinical evidence; standardizes neurological evaluations; annual reporting to Congress | Require VA to adopt Task Force recommendations; publish guidance for examiners; ensure transparency & timelines |
| <i>Clarity on Care Operations Act</i> | Publish CHAMPVA provider directory | Improves access and transparency for dependents; reduces administrative burden | Set usability standards; promote provider outreach; validate data and include feedback mechanisms |

| <u>Bill Name</u> | <u>Purpose</u> | <u>Key Support Points</u> | <u>Primary Recommendations</u> |
|--|--|---|--|
| <i>Data-Driven Suicide Prevention & Outreach Act</i> | Fund predictive suicide risk modeling using AI/ML | Enhances clinical documentation; targets high-risk veterans; supports mental health claims | Link research to claims exams; ensure transparency and access; implement privacy and ethical safeguards |
| <i>U.S. Vets of the FAS Act</i> | Furnish VA care to veterans in Freely Associated States | Improves care access; supports longitudinal medical records; facilitates telehealth and pharmacy services | Standardize documentation for claims; ensure telehealth and pharmacy interoperability; clarify travel payment guidance |
| <i>NOPAIN for Veterans Act</i> | Add FDA-approved non-opioid pain therapies to VA formulary | Expands access; reduces opioid reliance; strengthens documentation for pain-related claims | Establish documentation standards; integrate into multimodal pain management; clarify records' impact on ratings |
| <i>Opioid Antagonist Access Act</i> | Provide naloxone without a prescription or copay | Improves overdose prevention; supports medical documentation for substance-related claims | Require structured documentation; link access to follow-up care; provide education on use and documentation |
| <i>Veterans with ALS Reporting Act</i> | Report ALS prevalence, gaps, and resources | Supports epidemiological evidence for service connection; improves claims consistency | Link findings to exam standards; publish accessible summaries; establish functional documentation guidelines |
| <i>Whole Health for Veterans Act</i> | Limit copayment for Whole Health services | Encourages service utilization; supports documentation of functional health; enhances multimodal care records | Establish documentation standards; clarify record use in adjudication; improve veteran awareness and participation |
| <i>RECOVER Act</i> | Fund community-based mental health services | Expands culturally competent care; improves access and documentation | Ensure community documentation aligns with VA standards; track claim-relevant metrics; evaluate pilot for scalability |
| <i>Veterans Health Desert Reform Act</i> | Pilot access to hospital care in rural "health deserts" | Expands access; generates longitudinal records; aligns reimbursement with Medicare | Require standardized functional assessment documentation; evaluate impact on claims; clarify |

| <u>Bill Name</u> | <u>Purpose</u> | <u>Key Support Points</u> | <u>Primary Recommendations</u> |
|---|--|--|---|
| | | | eligibility & scope of services |
| <i>Veterans Mental Health & Addiction Therapy Quality of Care Act</i> | Compare VA vs. non-VA mental health care | Supports evidence-based improvements; strengthens documentation for compensation | Link study findings to claims adjudication; provide accessible summaries; require follow-up implementation plan |

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The following sections expand on these recommendations in greater detail, offering specific guidance to ensure each bill not only advances veteran care but also directly supports the development of claim-usable evidence, strengthens clinical documentation, and improves outcomes in VA disability compensation adjudication.

Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide (BEACON) Act of 2025

Support with Recommendations

The Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide (BEACON) Act of 2025 would establish a VA grant program to fund research and clinical trials focused on neurorehabilitation treatments for chronic mild traumatic brain injury (mTBI) and related conditions. The bill also supports clinician training and outreach based on emerging evidence and authorizes funding for fiscal years 2026 through 2028. Its overarching goal is to advance the understanding of effective interventions and improve care and outcomes for veterans with traumatic brain injury.

A. Rationale for Support

Berry Law supports the purpose of the BEACON Act.

Expanded scientific research and evidence-based clinical guidance can improve the accuracy, consistency, and fairness of VA disability claims adjudication. Many claims involving TBI and co-occurring conditions rely heavily on medical evidence that clearly links service-connected injury to current functional impairment. By fostering clearer diagnostic standards and more robust clinical documentation, this legislation has the potential to strengthen the evidentiary record used in service-connection determinations and disability rating decisions.

Rigorous research into neurorehabilitation for chronic mild TBI remains a high priority for veterans with service-connected neurological injuries. The bill’s proposed grant structure would

support prospective randomized controlled trials and outcome-based studies of innovative treatments, generating high-quality clinical evidence that can inform both medical care and benefits determinations.

Improved clinical data also has direct relevance to VA compensation claims. Research funded under this Act may refine diagnostic criteria and functional outcome measures that are critical to determining appropriate disability ratings for TBI and associated mental health conditions. In addition, enhanced clinician training and outreach can reduce evidentiary gaps by increasing the likelihood that treating providers produce well-reasoned, service-relevant medical opinions suitable for use in VA claims and appeals.

B. Concerns and Recommendations

While Berry Law supports the intent of the BEACON Act, we respectfully recommend targeted refinements to ensure that research investments translate into measurable improvements in veterans' compensation outcomes.

(1) Strengthen Linkages Between Research Findings and VA Claims Adjudication

As drafted, the bill authorizes research and clinician training but does not explicitly connect resulting findings to the VA disability rating and adjudication process. We recommend:

- Requiring that research outcomes be shared with VA Compensation Service for consideration in refining TBI diagnostic policies, Disability Benefits Questionnaires (DBQs), and rating schedule criteria; and
- Establishing a stakeholder forum that includes researchers, the Board of Veterans' Appeals, and accredited representatives to translate clinical insights into clearer claims documentation and adjudicatory standards.

These steps would help ensure that scientific advancements funded under the Act improve claims adjudication quality, not solely clinical knowledge.

Proposed language: Not later than 180 days after the completion of each research study funded under this Act, the Department of Veterans Affairs shall provide a report to the Office of the Under Secretary for Benefits summarizing study outcomes and any clinical practice guidelines developed. VA shall consider these findings in updating TBI-related Disability Benefits Questionnaires, rating schedule criteria, and examiner training modules. The Secretary shall establish a stakeholder forum including VA Compensation Service, the Board of Veterans' Appeals, funded researchers, and accredited veteran representatives to review study findings and recommend updates to claims adjudication standards.

(2) Ensure Veteran and Representative Access to Research Findings

We further recommend that the legislation require timely access for veterans and their accredited representatives to summaries and findings from funded studies. Without transparency and accessibility, high-quality research risks remaining siloed within academic or VA research environments, limiting its usefulness in claim development, appeals, and litigation.

Proposed language: The Secretary shall make publicly available, in a veteran-friendly format, summaries of all research outcomes and clinical guidance produced under this Act. These summaries shall be posted on the VA website and disseminated to accredited veteran representatives, with a requirement to update the information within 90 days of each study's completion.

Proposed language: The Secretary shall include in annual reporting to Congress a description of how research outcomes have been integrated into claims development, including changes to DBQs, rating schedules, examiner training, and clinical evaluation guidance for TBI and related conditions.

Blast Overpressure Research and Mitigation Task Force Act

Support with Recommendations

The Blast Overpressure Research and Mitigation Task Force Act would establish a joint VA and Department of Defense (DoD) task force to coordinate research on the health effects of blast overpressure exposure. The Task Force would identify best practices, research gaps, and strategies to improve clinical evaluation and treatment of blast-related injuries. The bill also requires annual reporting to Congress, including recommendations for improving both clinical care and the evaluation of evidence in VA disability claims.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

Improved scientific understanding of blast-related injuries, combined with annual reporting and interagency coordination, can promote evidence-based improvements in veteran health care while directly supporting more accurate and consistent VA disability claims adjudication.

From a compensation advocacy perspective, the Task Force has the potential to strengthen the scientific foundation for establishing service connection for blast-related conditions. By prioritizing research into cumulative blast exposure and associated outcomes such as traumatic brain injury, neuroinflammation, sensory decline, and cognitive impairment, the Task Force can generate robust clinical evidence that is directly relevant to linking in-service blast exposure to current disability.

The bill's requirement that the Task Force develop recommendations on how VA evaluates evidence of blast-related neurological injury is particularly significant. If implemented effectively, these recommendations could reduce variability in how VA examiners and adjudicators assess complex neurological cases, leading to greater consistency, accuracy, and fairness in claims and appeals.

B. Concerns and Recommendations

While Berry Law supports the intent of the bill, we respectfully recommend several refinements to ensure that Task Force findings meaningfully improve veterans' compensation outcomes.

(1) Clarify How Task Force Findings Will Be Incorporated into VA Adjudication and Rating Practices

Although the bill calls for recommendations on evaluating evidence, it does not explicitly require VA to incorporate Task Force findings into the disability claims process. We recommend that Congress:

- Require VA to publish guidance, policy updates, or regulatory changes informed by Task Force findings, particularly as they relate to neurological examinations, nexus opinions, and rating criteria; and
- Encourage incorporation of Task Force recommendations into VA Training Letters or other formal guidance provided to medical examiners and rating specialists.

These steps would help ensure that research findings translate into higher-quality evidence development and more consistent adjudication outcomes.

Proposed language: Not later than 180 days after the submission of each annual Task Force report, the Secretary of Veterans Affairs shall issue guidance, policy updates, or regulatory changes incorporating Task Force findings into VA disability claims adjudication. Such guidance shall include updates to neurological examination protocols, Disability Benefits Questionnaires (DBQs), nexus opinion standards, and rating schedule criteria. The Secretary shall also ensure that findings are integrated into VA examiner and rater training materials within 90 days of policy issuance.

(2) Ensure Transparency and Access to Task Force Findings for Veterans and Their Representatives

Without explicit public access requirements, Task Force research and recommendations may remain internal to VA or DoD, limiting their usefulness for claimants. We recommend that the bill require VA to:

- Make Task Force reports and scientific findings publicly available on VA websites in a veteran-friendly format; and
- Provide plain-language summaries tailored to veterans and accredited representatives explaining how research findings may support claims and appeals.

Transparency will help ensure that veterans and their advocates can fully benefit from the research Congress directs.

Proposed language: The Secretary shall make all Task Force reports, research findings, and recommendations publicly available on VA websites in a veteran-friendly format. Plain-language summaries shall also be published and distributed to accredited veteran representatives. These summaries shall describe how research findings may inform clinical evaluations, functional assessments, and claims development for veterans exposed to blast overpressure.

(3) Include Timelines and Accountability Measures for Implementation

While the bill establishes a 180-day deadline to create the Task Force and requires annual reports, it does not specify timelines for VA action on Task Force recommendations. We recommend adding language directing VA to respond within a defined period, such as 180 days after each annual report, detailing how it will implement, adopt, or otherwise address Task Force recommendations in policy or practice.

Clear timelines and accountability measures will help ensure that research findings result in meaningful, timely improvements for veterans.

Proposed language: Within 180 days of receipt of each Task Force annual report, the Secretary shall submit to Congress a written plan detailing actions taken or planned to implement Task Force recommendations. The plan shall specify timelines, responsible offices, and performance metrics for integrating findings into VA clinical practice and claims adjudication processes. Subsequent annual submissions shall report progress and any barriers encountered.

Clarity on Care Operations Act

Support with Recommendations

The Clarity on Care Operations Act would require the VA to compile and publish a publicly available directory of health care providers who accept CHAMPVA assignment. The directory is intended to help CHAMPVA beneficiaries more easily locate participating providers, understand where benefits may be used, and avoid unexpected costs. By improving transparency and predictability, the bill seeks to strengthen access to care for eligible veterans' dependents.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

Improving access to and transparency in CHAMPVA-covered care supports veterans by stabilizing family health care access and reducing administrative and financial stressors that can interfere with veterans' engagement in their own VA health care and benefits processes.

From a benefits and compensation perspective, smoother coordination of dependent care can reduce disruptions that complicate benefit administration and medical record management. A centralized, searchable directory would allow beneficiaries to identify participating providers more efficiently, reducing billing disputes, claim denials, and delays that often result in fragmented or incomplete medical documentation.

Predictable access to dependent care also supports continuity of treatment, which can mitigate secondary stressors affecting veterans managing service-connected disabilities. Over time, increased transparency may also encourage broader provider participation, strengthening CHAMPVA networks and improving care coordination across VA-administered benefit programs.

B. Concerns and Recommendations

While Berry Law supports the intent of the Clarity on Care Operations Act, we respectfully recommend the following refinements to ensure effective implementation and maximize benefits for veterans and their families.

(1) Establish Clear Implementation and Usability Standards

Although the bill requires VA to publish a provider directory, it does not specify usability or accessibility requirements. We recommend that Congress direct VA to ensure that the directory: is searchable by geographic location and provider specialty; is mobile-friendly and accessible to users with disabilities; is updated on a regular and clearly defined schedule; and includes plain-language explanations of what it means for a provider to "accept CHAMPVA assignment," in order to reduce beneficiary confusion and billing disputes.

Proposed language: The Secretary of Veterans Affairs shall ensure that the CHAMPVA provider directory is searchable by geographic location and provider specialty, is mobile-friendly, meets accessibility standards for users with disabilities, and is updated at least quarterly. The directory shall include plain-language explanations of CHAMPVA assignment and participation requirements to reduce beneficiary confusion and prevent billing disputes.

(2) Promote Provider Outreach and Education

Publishing a directory alone may be insufficient if providers are unfamiliar with CHAMPVA participation requirements. Congress should encourage VA to pair directory publication with targeted provider education and outreach regarding CHAMPVA billing and

participation. VA should also implement mechanisms that allow providers to update their participation status more frequently than on an annual basis.

Proposed language: The Secretary shall implement a program to educate and inform CHAMPVA providers about participation requirements, billing procedures, and directory use. Providers shall be able to update their participation status at least quarterly. VA shall provide targeted outreach to encourage provider enrollment and timely directory updates.

(3) Ensure Data Accuracy and Ongoing Validation

Without routine validation, provider directories risk becoming outdated and unreliable. We recommend that Congress require periodic verification of provider participation and authorize a beneficiary feedback mechanism to report inaccuracies. VA should also be encouraged to report on directory accuracy and maintenance as part of ongoing program oversight.

Proposed language: The Secretary shall establish a verification process to confirm provider participation at regular intervals and provide a mechanism for beneficiaries to report inaccuracies. VA shall submit an annual report to Congress detailing directory accuracy, validation measures, and any corrective actions taken.

Data Driven Suicide Prevention and Outreach Act of 2025

Support with Recommendations

This bill would establish a grant program for nonprofits, academic institutions, and research organizations to develop predictive suicide risk models for veterans using artificial intelligence and machine learning. The goal is to identify high-risk individuals earlier and implement targeted interventions to reduce veteran suicide rates, particularly in geographic areas with higher incidence or longer wait times for care.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a VA compensation claims perspective, advanced analytic approaches to suicide prevention have the potential to indirectly improve clinical documentation and functional assessments relevant to disability claims. By prioritizing predictive suicide prevention research, the VA can strengthen evidence supporting service-connected mental health conditions while focusing on the most underserved veteran populations. Further:

- Grant funding may produce validated models enabling earlier identification of at-risk veterans, supporting timely clinical intervention for PTSD, major depressive disorder, and other mental health conditions frequently involved in claims.

- Improved predictive models may result in higher-quality documentation of functional impairments and symptom severity, supporting nexus development for service-connected mental health claims.
- Prioritizing high-risk regions may generate data relevant to veterans who face barriers to care, improving both treatment outcomes and documentation needed for claims adjudication.

B. Concerns and Recommendations

While Berry Law supports the intent of the bill, we recommend refinements to ensure that research outcomes translate into actionable evidence for disability compensation claims:

(1) Link Research Outcomes to Compensation Exams and Guidance

The bill focuses on research and predictive modeling but does not require VA to integrate findings into compensation exams or rating guidance. Congress should encourage VA to issue implementation guidance explaining how predictive suicide risk models should be incorporated into clinical evaluation reports, Disability Benefits Questionnaires (DBQs), and compensation examinations. Examiner training modules should reflect validated research on suicide risk and functional impacts relevant to service-connected conditions.

Proposed language: The Secretary of Veterans Affairs shall ensure that validated predictive suicide risk findings from federally funded research are incorporated into clinical evaluation reports, Disability Benefits Questionnaires (DBQs), and compensation examinations for service-connected mental health conditions. VA shall update examiner training and guidance to reflect validated research on suicide risk indicators, functional impairment, and symptom severity relevant to service-connected disabilities.

(2) Transparency and Access for Veterans and Representatives

Without explicit access requirements, veterans and accredited representatives may be unable to use research findings to support claims or appeals. Congress should require VA to publish summaries of predictive model findings and methodologies in veteran-friendly formats. Outreach should inform veterans and advocates how research results can support clinical treatment and disability evaluations.

Proposed language: VA shall publish veteran-friendly summaries of predictive suicide risk research findings, including methodologies and implications for clinical care, functional assessments, and disability evaluations. VA shall conduct outreach to veterans, accredited representatives, and advocates to explain how research findings may be used to support claims, appeals, and treatment planning.

(3) Ethical and Privacy Safeguards

Use of AI-based predictive models raises concerns regarding privacy, algorithmic bias, and misclassification risk, which could indirectly affect clinical documentation used in claims. Congress should emphasize transparent validation standards and safeguards to prevent bias against subgroups of veterans. VA should clearly communicate model limitations to ensure adjudicators interpret predictive findings appropriately in the context of claims.

Proposed language: Congress emphasizes that all AI- and machine learning-based suicide risk models funded under this program shall meet transparent validation and privacy standards, including safeguards against algorithmic bias and misclassification of veteran subpopulations. VA shall provide guidance on the appropriate interpretation and limitations of predictive findings when used in clinical evaluations or claims adjudication to ensure fair and accurate consideration in disability determinations.

U.S. Vets of the Freely Associated States Act (H.R. 6652)

Support with Recommendations

The U.S. Vets of the Freely Associated States Act would direct the VA to enter into agreements with the governments of the Freely Associated States (FAS) to furnish hospital care, medical services, telehealth, and mail-order pharmacy services to eligible veterans residing in those jurisdictions. The bill also authorizes beneficiary travel payments when necessary and requires regular reporting to Congress on implementation and costs.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a veterans' health and compensation perspective, improved access to VA-furnished care for veterans residing in the Freely Associated States can directly strengthen the development of medical evidence used in disability claims and appeals.

By authorizing VA to furnish care through agreements with FAS governments and providers, the bill helps ensure that veterans living outside the continental United States can obtain consistent medical treatment for service-connected conditions. More consistent care supports the creation of longitudinal medical records, which are often critical to establishing service connection, demonstrating chronicity, and supporting accurate disability ratings.

The inclusion of telehealth and mail-order pharmacy services further promotes continuity of care for chronic and service-connected conditions, particularly where in-person access is limited. Continuity of care improves the completeness, reliability, and probative value of medical documentation relied upon in VA adjudication. In addition, authorization of beneficiary travel

payments reduces financial barriers to obtaining necessary in-person examinations, specialty care, diagnostic testing, or medical nexus opinions required for claims development.

Finally, the bill's reporting requirements promote oversight and accountability, helping identify and address care delivery challenges that could otherwise impede access to examinations or evidence development for claims.

B. Concerns and Recommendations

While Berry Law supports the intent of the bill, we respectfully recommend several refinements to ensure that care furnished under this authority meaningfully supports veterans' compensation outcomes.

(1) Clarify Documentation Standards for Use in VA Disability Claims

Although the bill focuses on care delivery and access, it does not address how clinical encounters conducted under FAS agreements will be documented for claims purposes. We recommend that Congress encourage VA to:

- A. Adopt standardized documentation practices aligned with VA compensation evidence requirements, including clear functional assessments, diagnostic findings, and nexus-relevant narratives; and
- B. Ensure that medical records generated under FAS agreements are fully integrated into veterans' VA electronic health records and claims files in a format usable by adjudicators.

Proposed language: The Secretary of Veterans Affairs shall establish standardized clinical documentation requirements for all medical encounters conducted under agreements with the Freely Associated States. Documentation must include functional assessments, diagnostic findings, and nexus-relevant narratives suitable for VA disability claims. All records shall be fully integrated into the veteran's VA electronic health record and claims file in a claims-usable format.

(2) Establish Documentation and Integration Standards for Telehealth and Pharmacy Services

The bill authorizes telehealth and mail-order pharmacy services but does not specify documentation or interoperability standards. Congress should urge VA to establish minimum requirements to ensure that remote encounters generate claim-usable medical evidence and are properly integrated into VA systems. Reporting requirements should include metrics related to documentation completeness and record integration relevant to claims adjudication.

Proposed language: The Secretary shall issue guidance establishing minimum documentation and interoperability standards for telehealth and mail-order pharmacy encounters provided under this Act. Documentation must capture clinical assessments, treatment outcomes, and functional status in a format

compatible with VA claims adjudication. VA shall include metrics on documentation completeness and integration as part of ongoing reporting to Congress.

(3) Clarify Implementation and Outreach for Beneficiary Travel Payments

While the bill authorizes beneficiary travel payments, it does not specify eligibility guidance, timelines, or outreach requirements. We recommend that VA issue clear implementation guidance explaining how and when travel payments will be provided to veterans residing in the Freely Associated States who require in-person care or examinations. Congress should also encourage targeted outreach to ensure veterans are aware of available travel benefits that may assist them in obtaining medical evidence necessary for claims.

Proposed language: The Secretary shall issue clear guidance on eligibility, timelines, and procedures for beneficiary travel payments for veterans residing in the Freely Associated States. VA shall implement outreach to inform eligible veterans of available travel assistance to support in-person care, examinations, or diagnostic services necessary for VA claims development.

NOPAIN for Veterans Act (H.R. 4509)

Support with Recommendations

The NOPAIN for Veterans Act would require the VA to include FDA-approved non-opioid pain management drugs and biological products on its national formulary and drug standardization list once they meet eligibility criteria for Medicare coverage. The bill is intended to expand veterans' access to safer, evidence-based alternatives for pain management while reducing reliance on opioid medications.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a veterans' health and compensation perspective, expanded access to non-opioid pain management therapies can improve clinical care while also strengthening the quality of medical evidence used to evaluate disability claims involving chronic pain, musculoskeletal conditions, and neurological impairments.

Requiring timely inclusion of FDA-approved non-opioid therapies in the VA formulary promotes evidence-based pain management and reduces the risks associated with long-term opioid use. Improved clinical stability and more comprehensive treatment options can produce clearer, more reliable medical records documenting pain severity, functional limitations, and response to treatment, key factors in accurate disability rating determinations.

Aligning VA formulary inclusion with Medicare coverage timelines also helps reduce treatment gaps that frequently complicate claims involving chronicity and continuity of symptoms.

Broader access to alternative pain therapies may encourage individualized pain management plans that more thoroughly document residual functional impairment, which is often the central issue in claims where pain itself is the primary disabling condition.

B. Concerns and Recommendations

While Berry Law supports the intent of the NOPAIN for Veterans Act, we respectfully recommend the following refinements to ensure that expanded access to non-opioid therapies translates into meaningful improvements in compensation outcomes.

(1) Establish Documentation Standards for Use in VA Disability Claims

The bill focuses on access to medications but does not address how use of non-opioid therapies will be documented for claims purposes. We recommend Congress encourage VA to:

- Require structured documentation of pain severity, functional limitations, and treatment response when non-opioid therapies are prescribed or administered; and
- Provide guidance and training to clinicians on documenting pain management encounters in a manner that clearly supports service-connection and disability severity determinations.

Proposed language: The Secretary of Veterans Affairs shall require structured documentation for all non-opioid pain management therapies, including FDA-approved drugs and biological products, capturing pain severity, functional limitations, and treatment response. VA shall provide clinicians with guidance and training to ensure documentation supports service-connection determinations and accurate disability ratings.

(2) Integrate Non-Opioid Therapies into Comprehensive Pain Management Protocols

The bill does not address how non-opioid medications will be incorporated into broader pain management strategies. VA implementation guidance should emphasize multimodal pain management approaches, including physical therapy, behavioral health interventions, and functional assessments, to ensure that clinical records reflect the full impact of pain on daily functioning. Such integration would strengthen the evidentiary record in claims involving chronic pain and related disabilities.

Proposed language: The Secretary shall issue guidance for integrating non-opioid pain management therapies into multimodal pain management plans, including physical therapy, behavioral health interventions, and functional assessments. Clinical records should reflect the overall impact of pain on daily functioning to support claims adjudication and disability severity determinations.

(3) Clarify How Pain Treatment Records Inform Compensation Examinations and Rating Decisions

Absent explicit guidance, inconsistencies may arise in how non-opioid pain treatment records are interpreted during compensation examinations and rating decisions. We recommend that Congress encourage VA to issue examiner and rater guidance explaining how non-opioid pain management records should be weighed when evaluating disability severity. Training materials should specifically address pain-related functional impairment as reflected in non-opioid treatment histories, particularly in musculoskeletal and neurological claims.

Proposed language: The Secretary shall provide examiner and rater guidance specifying how documentation from non-opioid pain management therapies should be considered in compensation examinations and rating decisions. Training materials should emphasize evaluation of functional impairment as documented in non-opioid treatment records, particularly for musculoskeletal, neurological, and chronic pain-related disabilities.

Opioid Antagonist Access Act (H.R. 5999)

Support with Recommendations

The Opioid Antagonist Access Act would amend title 38, United States Code, to require the VA to furnish an opioid antagonist, such as naloxone, to veterans without requiring a prescription or copayment. The bill is intended to remove administrative and financial barriers to life-saving medications used to prevent fatal opioid overdoses.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a veterans' health and compensation perspective, improving access to opioid antagonists promotes veteran safety while also supporting the development of more complete medical records related to pain management, substance use disorder, and associated secondary conditions that frequently arise in VA disability claims.

Eliminating prescription requirements increases timely access to opioid antagonists, particularly for veterans with chronic pain or substance use histories who may be at elevated risk of overdose. Removing copayments further ensures that cost does not deter veterans from obtaining or carrying these medications, aligning VA policy with established public health best practices.

Preventing fatal or severe nonfatal overdoses can also reduce the incidence of secondary injuries, such as hypoxic brain injury, neurological impairment, or cognitive deficits, that often complicate disability claims and require extensive evidentiary development. Timely intervention

can therefore improve both health outcomes and the integrity of the medical record relevant to compensation evaluations.

B. Concerns and Recommendations

While Berry Law supports the goal of expanded access, we respectfully recommend additional safeguards to ensure that opioid antagonist use and related clinical encounters meaningfully support veterans' compensation outcomes.

(1) Require Structured Documentation of Overdose-Related Encounters

The bill focuses on medication access but does not address how overdose-related events or antagonist use will be documented in VA medical records. We recommend that Congress encourage VA to require structured documentation of the circumstances surrounding opioid antagonist provision or use, including clinical context, outcomes, and any resulting functional or neurological impacts. Clear documentation can serve as critical evidence in subsequent disability claims involving cognitive, neurological, or substance-related impairments.

Proposed language: The Secretary of Veterans Affairs shall require that all encounters involving provision or use of opioid antagonists be documented in a structured format within the veteran's electronic health record. Documentation must include the clinical context, outcomes, and any observed functional or neurological impacts, to ensure medical records are sufficient for both clinical follow-up and VA disability claims adjudication.

(2) Integrate Antagonist Access with Coordinated Follow-Up Care

The bill does not explicitly link opioid antagonist access to comprehensive pain management or substance use disorder treatment. VA implementation guidance should pair antagonist distribution with appropriate referral pathways to pain management, mental health, or substance use disorder services. Coordinated follow-up care improves veteran outcomes and strengthens the quality and continuity of medical records used in claims adjudication.

Proposed language: The Secretary shall establish protocols linking opioid antagonist access to coordinated follow-up care, including referrals to pain management, mental health, or substance use disorder services as appropriate. Records of follow-up care must be integrated into the veteran's VA medical record to support continuity of care and documentation relevant to service-connected claims.

(3) Promote Provider and Veteran Education on Use and Documentation

Without education and outreach, utilization may lag and documentation practices may vary. We recommend that Congress encourage VA to implement provider training on documenting opioid antagonist encounters in a manner that supports both clinical care and claims adjudication.

VA should also provide veterans with clear information regarding availability, proper use, and follow-up care expectations to help ensure these encounters are appropriately captured in the medical record.

Proposed language: The Secretary shall implement training for VA clinicians on proper documentation of opioid antagonist provision and related clinical encounters, emphasizing both clinical care and claims relevance. VA shall also provide veterans with educational materials on availability, correct use, and recommended follow-up, and shall track outreach and training efforts to ensure consistent implementation.

Veterans with ALS Reporting Act (H.R. 6001)

Support with Recommendations

The Veterans with ALS Reporting Act would require the VA to submit a report to Congress on the incidence and prevalence of amyotrophic lateral sclerosis (ALS) among veterans. The report would address existing resources and support programs, identify gaps in care, and outline strategies to reduce risk. The bill also directs VA to monitor ALS prevalence through existing registries and provide periodic updates to Congress.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a veterans' health and compensation perspective, improved data collection and reporting on ALS within the veteran population can strengthen the evidentiary foundation for complex neurological disability claims and promote more consistent adjudication outcomes.

ALS claims frequently depend on epidemiological evidence, longitudinal medical documentation, and clear assessments of functional decline. Requiring VA to compile comprehensive data on ALS incidence and prevalence among veterans may help clarify service-related risk factors and support broader epidemiological evidence relevant to service-connection determinations.

Ongoing monitoring through existing registries and periodic reporting can generate longitudinal data reflecting disease progression and functional impairment, critical elements in disability rating decisions and evaluations for special monthly compensation. In addition, reporting on gaps in care and available resources can help identify systemic barriers that delay diagnosis or treatment, which often affects the completeness and timing of medical evidence submitted in support of claims.

B. Concerns and Recommendations

While Berry Law supports the intent of the Veterans with ALS Reporting Act, we respectfully recommend several refinements to ensure that reporting outcomes meaningfully support veterans' compensation claims.

(1) Connect Report Findings to Claims Adjudication Standards

The bill focuses on data collection and reporting but does not explicitly require that findings inform VA compensation examination standards or rating guidance. We recommend that Congress encourage VA to include in its report a dedicated section addressing how ALS-related data, risk analysis, and epidemiological findings should inform medical examination protocols, nexus opinions, and Disability Benefits Questionnaires (DBQs). VA should also consider consulting claims adjudicators and veteran advocates during report development to ensure clinical insights translate into claim-relevant guidance.

Proposed language: The Secretary of Veterans Affairs shall include in each report required under this Act a dedicated section addressing how ALS-related epidemiological data, risk analysis, and prevalence findings should inform VA medical examination protocols, nexus opinions, and Disability Benefits Questionnaires (DBQs). VA shall consult claims adjudicators, accredited representatives, and relevant stakeholders to ensure that clinical insights translate into guidance usable in service-connected disability claims and rating decisions.

(2) Improve Accessibility of Report Findings for Veterans and Their Representatives

Highly technical reports may be difficult for veterans and accredited representatives to interpret and use in claims and appeals. We recommend that Congress encourage VA to publish plain-language summaries highlighting key findings and their implications for veterans pursuing ALS-related disability benefits. Outreach or briefings for stakeholders could further assist in translating report conclusions into practical claim development tools.

Proposed language: The Secretary shall provide plain-language summaries of each ALS report, highlighting key findings and their relevance to veterans pursuing ALS-related disability benefits. The Secretary shall also conduct periodic outreach, briefings, or webinars for veterans, accredited representatives, and advocacy organizations to promote understanding of how report conclusions can support claims development and appeals.

(3) Promote Standardized Functional Documentation for ALS Claims

The bill does not address how ALS-related clinical findings should be documented to support precise disability evaluations. We recommend that VA be encouraged to develop or identify standardized functional assessment elements that clearly capture disease progression and impacts on activities of daily living. These documentation standards could later be incorporated into

compensation examinations or DBQs to improve consistency, accuracy, and fairness in ALS claims adjudication.

Proposed language: The Secretary shall develop or adopt standardized functional assessment elements to capture ALS disease progression and impacts on activities of daily living. These standards shall be integrated into VA compensation examinations, DBQs, and medical documentation practices to improve the consistency, accuracy, and fairness of ALS-related disability claims adjudication.

Whole Health for Veterans Act (H.R. 6001)

Support with Recommendations

The Whole Health for Veterans Act would amend title 38, United States Code, to limit the extent to which copayments may be required for veterans receiving Whole Health well-being services. Specifically, it would prohibit copayments for veterans in Priority Groups 1–5 and cap copayments at \$20 per month for other eligible veterans. The legislation seeks to expand access to complementary, integrative, and educational health services within the VA health care system.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a veterans' health and compensation perspective, reducing financial barriers to Whole Health services encourages greater utilization of VA-furnished care and can result in more complete clinical documentation of veterans' functional health. Increased engagement with these services indirectly strengthens the evidentiary record used to support disability compensation claims, particularly for conditions involving chronic pain, mental health, and functional impairment.

Eliminating or limiting copayments makes Whole Health services more accessible, encouraging veterans to seek care earlier and more consistently. This increased utilization can generate richer medical records documenting functional limitations, symptom management, and treatment response, critical evidence in disability evaluations.

The bill explicitly supports complementary and integrative services, such as meditation, yoga, Tai Chi/Qigong, and guided imagery, which are often employed in multimodal approaches to service-connected conditions like PTSD and chronic pain. Documentation of these treatments can help demonstrate ongoing functional impairment and efforts at symptom management.

Furthermore, alignment with VA's broader shift toward veteran-centered and holistic care may reduce fragmentation in treatment histories, producing longitudinal records that strengthen claims and appeals.

B. Concerns and Recommendations

While Berry Law supports the intent of the bill, we recommend refinements to ensure that expanded access to Whole Health services translates into usable evidence for disability compensation claims:

(1) Establish Documentation Standards for Claims Evidence

The bill does not specify how encounters for Whole Health services should be documented for compensation purposes. Congress should encourage VA to adopt standardized documentation practices that capture functional limitations, symptom severity, and treatment outcomes relevant to disability evaluations. These elements could be incorporated into Disability Benefits Questionnaires (DBQs) and examiner training materials.

Proposed language: The Secretary of Veterans Affairs shall develop standardized documentation practices for Whole Health encounters that capture functional limitations, symptom severity, and treatment outcomes relevant to disability evaluations. Such documentation standards shall be incorporated into VA Disability Benefits Questionnaires (DBQs), clinical notes, and examiner training materials to ensure that Whole Health service records are claim-usable and support consistent adjudication of service-connected disabilities.

(2) Clarify How Whole Health Records Are Weighed in Adjudication

The bill does not address how Whole Health service records should be considered during claims adjudication. VA should issue guidance confirming that Whole Health clinical records constitute valid medical evidence and explain how adjudicators and examiners should weigh these records when evaluating service-connected disabilities. Congress may consider requiring VA to assess and report on the impact of Whole Health utilization on claims development and outcomes.

Proposed language: VA shall issue guidance confirming that clinical records from Whole Health services constitute valid medical evidence and explaining how such records should be considered by adjudicators and examiners during the evaluation of service-connected disabilities. VA shall also monitor and report on the impact of Whole Health service utilization on claims development, evidence completeness, and adjudication outcomes to Congress annually.

(3) Ensure Veteran Awareness and Consistent Utilization

Even with reduced copayments, limited awareness may restrict participation and the resulting documentation benefits. VA should implement targeted outreach and education to inform veterans and clinicians about Whole Health services and copayment limits. Reporting on utilization rates and demographic disparities could help identify barriers that indirectly affect evidence development for claims.

Proposed language: *VA shall implement outreach and education programs for veterans and clinicians regarding available Whole Health services and applicable copayment limits. VA shall regularly report utilization metrics, including demographic disparities, to identify barriers to access and ensure that service engagement translates into comprehensive medical documentation supportive of disability claims.*

RECOVER Act (H.R. 2283)

Support with Recommendations

This bill would authorize the VA to award grants to established nonprofit mental health providers to expand access to culturally competent, evidence-based mental health services for veterans. The pilot program focuses on increasing in-community mental health care, improving veteran engagement, and fostering partnerships with trusted local organizations.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a VA compensation claims perspective, community-based mental health services can indirectly strengthen the quality of evidence used in service-connected claims by improving access, documentation, and continuity of care. Further:

- Grants facilitate veteran access to treatment in their communities, reducing barriers to consistent care and producing detailed clinical documentation relevant to PTSD, depression, and other service-connected mental health conditions.
- Treatment by evidence-based community providers can generate thorough records documenting diagnoses, treatment responses, and functional limitations, supporting nexus and severity evidence in VA claims.
- Partnering with community organizations can encourage early care-seeking, minimizing gaps in treatment histories that often complicate disability claims and appeals.

B. Concerns and Recommendations

While Berry Law supports the intent of the bill, we recommend refinements to ensure that community-based mental health services translate into actionable evidence for VA compensation claims:

(1) Link Community Provider Documentation to VA Compensation Standards

The bill funds mental health care access but does not ensure that documentation aligns with VA adjudication standards. Congress should require VA to provide guidance for community

providers on using standardized Disability Benefits Questionnaires (DBQs) or VA-compatible documentation formats to support service-connection and rating decisions. VA should also offer training to community partners on claims-relevant documentation practices.

Proposed language: The Secretary of Veterans Affairs shall provide guidance and training to nonprofit community mental health providers funded under this program to ensure clinical documentation aligns with VA compensation standards. Documentation shall be formatted to support service-connection determinations and disability rating decisions, including the use of VA-compatible Disability Benefits Questionnaires (DBQs) or other approved templates suitable for claims adjudication.

(2) Track Claims-Relevant Outcomes

The pilot emphasizes mental health outcomes but does not evaluate whether participation improves evidence quality for claims. Congress should encourage VA to collect data on whether funded programs enhance claim success rates, nexus evidence quality, or reduce appeals, and report these findings to Congress.

Proposed language: VA shall collect and report data on the extent to which participation in RECOVER-funded programs enhances claims-relevant evidence, including documentation of functional limitations, treatment response, and nexus development. Congress shall receive periodic updates evaluating program impact on claims quality, appeals, and service-connection determinations.

(3) Ensure Sustainability and Scalability

As a three-year pilot, the program may conclude before long-term impacts on care navigation, documentation, and claims outcomes are fully realized. Congress should require VA to evaluate pilot effectiveness and propose integration into permanent programs if successful, with mechanisms linking community provider documentation to VA claims adjudication.

Proposed language: Upon completion of the pilot program, VA shall conduct a comprehensive evaluation of program effectiveness, including its impact on claims documentation and adjudication outcomes. If demonstrated effective, VA shall propose integration of community-based mental health partnerships into permanent programs, with mechanisms ensuring ongoing alignment with claims documentation standards.

Veterans Health Desert Reform Act of 2025 (H.R. 2286)

Support with Recommendations

This bill establishes a pilot program to provide hospital care and medical services through eligible hospitals in rural areas with high veteran populations, often referred to as “Veteran Health

Deserts.” The program aims to improve access to care for veterans who live far from VA facilities, with oversight on costs, quality, and satisfaction, and reimbursement aligned with Medicare rates.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a VA compensation claims perspective, improving access to care in rural areas promotes evidence collection on care delivery and strengthens the quality of medical documentation used in service-connected disability claims. Further:

- Expanding access to hospitals closer to veterans helps ensure consistent care, producing more complete and timely medical records for chronic and complex service-connected conditions.
- Oversight and reporting on care quality, outcomes, and patient satisfaction can generate longitudinal medical records critical for claims adjudication and rating determinations.
- Aligning reimbursement with Medicare rates encourages participation by local hospitals and supports continuity of care, which increases the likelihood that clinical records will be sufficiently detailed and claim-usable.

B. Concerns and Recommendations

While Berry Law supports the intent of the bill, we recommend refinements to ensure that care delivered under the pilot generates evidence directly usable in VA disability compensation claims:

(1) Standardized Documentation for Claims

Clinical data produced under the pilot may not align with VA claims standards (e.g., DBQs or functional assessments). Congress should encourage VA to issue guidance requiring pilot hospitals to use standardized documentation formats and provide training to hospital staff on capturing functional limitations and service-connection evidence.

Proposed language: The Secretary of Veterans Affairs shall ensure that clinical documentation produced under the Veterans Health Desert pilot program adheres to VA claims standards. Pilot hospitals shall use standardized formats, including Disability Benefits Questionnaires (DBQs) or other VA-approved functional assessment templates, and VA shall provide training to hospital staff to accurately document service-connected conditions, functional limitations, and treatment outcomes relevant to disability claims.

(2) Evaluate Impact on Disability Claims

Current reporting focuses on health outcomes, access, cost, and satisfaction but does not assess the impact on compensation claims. Congress should require an analysis of how pilot-

generated medical records are used in claims and appeals, including their effect on timely decisions and quality of evidence.

Proposed language: VA shall track and report the use of pilot-generated medical records in claims adjudication, including their impact on timeliness, accuracy, and quality of service-connection determinations. Periodic evaluations shall include metrics on claims outcomes, appeals, and adjudicator feedback to measure how effectively pilot documentation supports disability claims.

(3) Clarify Eligibility and Scope of Services

The bill references “covered veterans” and uses the Veterans Community Care Program framework, but functional assessments critical for claims may not be explicitly included. Implementation guidance should ensure that evaluations capture longitudinal functional limitations relevant to VA disability determinations.

Proposed language: Implementation guidance shall define eligible veteran populations and specify that evaluations conducted under the pilot program include functional assessments relevant to VA disability determinations. Pilot hospitals shall document longitudinal functional limitations and service-related health impacts to ensure medical records are sufficient for claims adjudication.

Veterans Mental Health and Addiction Therapy Quality of Care Act (H.R. 4045)

Support with Recommendations

This bill directs the Department of Veterans Affairs to enter into an agreement with an independent, objective organization to conduct a comprehensive study comparing the quality of mental health and addiction therapy care provided by VA versus non-VA providers. The evaluation spans delivery modalities including telehealth, outpatient, and residential treatment.

A. Rationale for Support

Berry Law supports the purpose of this legislation.

From a VA compensation claims perspective, evaluating the quality of mental health and addiction services can indirectly enhance the quality of clinical documentation, which is crucial for service-connected disability claims. Further:

- Independent, objective comparisons can identify strengths and weaknesses in both VA and community treatment systems, supporting improvements in care outcomes.
- Reports include clinical outcomes (e.g., symptom improvement, suicide risk), use of evidence-based practices, care coordination, and patient satisfaction, all of which inform functional assessments relevant to compensation claims.

- Publication of findings to congressional committees and public online access ensures transparency and allows veterans, clinicians, and advocates to leverage results in treatment and claims contexts.

B. Concerns and Recommendations

While Berry Law supports the intent of the bill, we recommend refinements to ensure study findings translate into usable evidence for VA disability compensation claims:

(1) Link Study Findings to Compensation Adjudication

The bill focuses on research outcomes but does not explicitly require incorporation into claims evaluation or adjudication standards. Congress should encourage VA to include guidance in the final report on how findings inform functional limitation assessments, treatment histories, and nexus evidence used in claims. Follow-on policy should translate study results into examiner training or claims evaluation guidance.

Proposed language: Implementation guidance shall require that study findings on mental health and addiction therapy quality be incorporated into VA compensation evaluation standards. This shall include functional limitation assessments, documentation of treatment histories, and nexus evidence used in service-connected disability claims. VA shall issue examiner guidance and training to ensure study results are consistently applied in Disability Benefits Questionnaires, compensation examinations, and claims adjudication.

(2) Ensure Accessibility of Findings for Claimants

Technical study reports may be difficult for veterans and accredited representatives to interpret. Congress should require plain-language summaries of key findings and encourage congressional briefings or stakeholder outreach to explain implications for claims and appeals.

Proposed language: VA shall publish plain-language summaries of study findings, including key clinical outcomes, care coordination metrics, and quality comparisons between VA and non-VA providers. VA shall conduct targeted outreach, including briefings and informational materials for veterans, accredited representatives, and other stakeholders, to ensure study results are accessible and usable in clinical care and VA disability claims.

(3) Establish Implementation and Follow-Up Mechanisms

The study timeline is 18 months, but there is no mechanism for applying findings to policy or claims procedures. Congress should require VA to implement study recommendations within a defined timeframe, updating clinical practice, care coordination, and claims evaluation guidance. A follow-up report to Congress within one year of study completion should document actions taken.

Proposed language: *Within one year of study completion, VA shall submit a follow-up report to Congress detailing actions taken to implement study recommendations, including updates to clinical practice, care coordination protocols, and claims evaluation guidance. VA shall establish a defined timeline for incorporating findings into policy and examiner training to ensure study results meaningfully improve veteran care and the quality of medical documentation for compensation claims.*

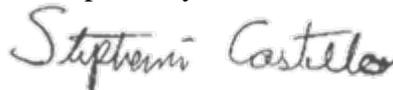
On behalf of Berry Law and the clients we serve, I would like to relay my deep appreciation for the Committee's consideration of these important legislative proposals affecting veterans' health, well-being, and access to benefits. Each of the bills discussed addresses critical gaps in care, research, and clinical documentation that directly or indirectly impact veterans' ability to obtain timely and accurate disability compensation.

As mentioned above, we strongly support the intent of these measures to expand access to evidence-based treatments, enhance clinical research, improve data collection, and reduce administrative and financial barriers to care. At the same time, we urge the Committee to ensure that implementation of these programs explicitly connects clinical and research advancements to the VA disability compensation process. Clear guidance, standardized documentation, transparency, and timely integration of findings into claims adjudication are essential to maximize the real-world benefit to veterans.

By adopting these refinements, the Committee can help ensure that these legislative initiatives not only improve clinical care and research but also strengthen the evidentiary foundation for veterans' disability claims, ultimately promoting fairness, consistency, and efficiency in the VA system.

We welcome the opportunity to provide further clarification or technical assistance to the Committee on these and other legislative matters affecting veterans' health care, research, and disability compensation. Please contact my colleague, Andy Blevins, Senior Counsel, at andy.blevins@berrylaw.com, if we may be of service.

Respectfully Submitted,



Stephanie Costello