

STATEMENT FOR THE RECORD

ELIZABETH DOLE FOUNDATION

HOUSE COMMITTEE ON VETERANS' AFFAIRS SUBCOMMITTEE ON OVERSIGHT AND
INVESTIGATIONS

MARCH 4, 2026

Chairwoman Kiggans, Ranking Member Ramirez, and members of the subcommittee, the Elizabeth Dole Foundation would like to thank you for the opportunity to submit our views on the status of implementation of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*.

The passage of this legislation during the 118th Congress marked one of the most significant federal policy advancements secured on behalf of veterans, caregivers, and survivors in recent years, and Senator Dole remains both proud and humbled to have had it named in her honor.

The Foundation worked tirelessly with caregivers and our veteran service organization partners to secure its passage not only because of the impact on family caregivers, but also because of the broad array of issues covered in the bill that impact veterans and families. While as an organization we focus on issues of direct impact to caregivers, we also address issues of significant interest to that population. Clearly, the quality of the care and services available to veterans is at the top of that list.

Daily we hear from caregivers asking about the long-delayed finalization of the rule governing the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers(PCAFC). We are now entering year 4 of waiting for a new rule to expand eligibility and improve the program. Even more often, however, we hear from caregivers about their struggles navigating VA's programs and services including Veteran Directed Care, CHAMPVA, respite, home health, skilled care, benefits, home and vehicle modifications, etc.—all programs intended for the veteran but with real life impacts for the whole family.

While there is still work to be done, the Dole Act was intended to address many of these challenges for the benefit of the entire veteran community. We are especially pleased that Section 120, which drastically increased the expenditure cap for non-institutional care, was implemented in September 2025. The enactment of this provision helps our most vulnerable veterans and their caregivers by removing a long-standing barrier to keeping loved ones at home. We encourage VA and the Office of Geriatric and Extended Care (GEC)

to continue training clinical providers and social workers both inside and outside GEC on this opportunity to ensure those in need are aware of available services.

However, the Elizabeth Dole Foundation has questions and concerns regarding multiple remaining provisions and their current status.

Section 101:

Section 101, also known as the “Medical Best Interest” provision, allows veterans to access care in the community if it is determined by the clinician that it is in the veteran’s medical best interest to do so. We supported this provision because we recognize both the need to ensure VA is able to offer robust, high-quality care as well as provide access to necessary care in a timely manner, sometimes found in the community. We are familiar with cases where this provision was especially helpful in getting a veteran to appropriate specialty care. However, VA’s regulations that govern necessary travel often associated with care in the community have not yet caught up to the intent of section 101.

Under the current rules, VA can only authorize travel reimbursement to the closest medical facility that can provide the necessary care. Since the relevant provision does not comment on the facility’s capability—only on the veteran’s medical best interest—we are seeing travel authorizations denied even though the care itself is authorized. We encourage VA to reconcile this language to ensure that veterans and their family members are not unnecessarily and unintentionally caught in a bureaucratic trap that leads to either increased out-of-pocket expenses or an inability to access care.

Section 122:

Based on the Chairwoman’s COPE Act, this provision authorizes the VA Secretary to award grants to community-based organizations to provide mental health services to family caregivers participating in PCAFC. According to a 2024 RAND study commissioned by the Elizabeth Dole Foundation, caregiving often places significant strain on caregivers and increases their risk for developing physical and mental health conditions, including depression and suicidal ideation. Relatedly, caregivers' mental wellbeing directly affects the quality of care provided, impacting outcomes for both caregivers and those they support. By prioritizing the mental health of caregivers, the overall effectiveness of care can be enhanced.

Recognizing both the value and risks associated with caregiving, VA established a program through which PCAFC caregivers can receive mental health care from VA providers, with options available through both telehealth and in person. With approximately 29,000 encounters among 4,374 patients in FY2025, the program is certainly beneficial and a significant step in the right direction. However, caregivers enrolled in PCAFC are often

hesitant to seek mental health services directly from VA for fear their participation will impact their eligibility for the caregiver support program. In addition, they are hesitant to use another VA program, as it is perceived as an additional care coordination burden.

While VA has not yet issued grants in accordance with section 122, as it was discretionary and not mandatory, the Elizabeth Dole Foundation strongly supports the establishment and issuance of these grants to increase opportunities for access to necessary mental health care for family caregivers. In addition, the Elizabeth Dole Foundation supports increasing the pool of eligible participants to those enrolled in the VA's Program of General Caregiver Support Services (PGCSS), rather than just PCAFC, to improve the health and well-being of a larger pool of caregivers as well as that of the veterans for whom they care.

Section 123:

Derived from the original *Elizabeth Dole Home Care Act* introduced by Representatives Brownley and Bergman, Section 123 codifies the Home and Community Based Services (HCBS) programs to ensure their long-term viability. Under this provision, the Veteran Directed Care (VDC) program, provided in partnership with the Administration on Community Living (ACL), is required to be provided at each VA medical center. VDC provides a flexible, monthly budget, allowing veterans to hire their own caregivers—including family or friends—and purchase services to manage their care. This system offers more control and ownership of that care to the veteran and caregiver and, where utilized, has proven very effective.

VA has stated that VDC is now technically available in all VA medical centers, but we have learned that access remains difficult due to a limited number of contracts in place, staffing VDC as a collateral duty, and a general lack of knowledge of program availability. In order to learn what steps may have been made to address some of these challenges, the Elizabeth Dole Foundation requests VA brief all interested veteran service organizations regarding the current status of VDC implementation including enrollment numbers and locations, current contract availability, and staffing models. This briefing will help VA identify ongoing challenges as they seek the full implementation of this valuable program.

Sections 123 and 124:

The Elizabeth Dole Foundation was pleased to participate in a recent roundtable hosted by the Senate Veterans Affairs Committee to discuss many of the improvements to PCAFC required under sections 123 and 124. These include the enhanced use of automation to facilitate information gathering and eligibility determination processes as well as improvements to decision letters to better inform applicants. The Elizabeth Dole Foundation was also pleased to learn that steps are being taken to improve the

coordination of care between the PCAFC program and services available to individuals under GEC.

While we appreciate these positive steps, the Elizabeth Dole Foundation is gravely concerned that the final rule governing the PCAFC program has not been issued. As mentioned above, recognizing significant challenges and an excessive number of caregiver removals in March of 2022, the VA suspended discharges from the program in an effort to pause, review, and discuss needed changes. Eventually, VA entered into a new rule making process and issued a proposed rule in December of 2024. Garnering over 800 comments, this proposed rule appears to be stalled; we are now well over a year after its issuance, leaving this highly vulnerable population of family caregivers in limbo as they wait to learn their fate. Worse, the very rule that was recognized as insufficient in 2022 and that resulted in the pause, is still being used today to determine eligibility for new applicants, leaving many out of the program whom Congress intended to cover. The Elizabeth Dole Foundation strongly urges Congress to use its oversight authority to impress upon VA the urgency of finalizing a rule quickly that supports family caregivers and aligns with Congressional intent.

Section 129:

Commonly referred to the “Pathway to Advocacy” this provision requires the VA Secretary to establish a process by which organizations can become trained, certified and recognized to help a veteran, caregiver, or survivor to navigate the services of the Veterans Health Administration. Too often, this committee learns of situations where vulnerable individual veterans or their family members are unaware of or unable to access the programs intended to help them, even though VA has the services necessary to support them. Given the potential positive impacts of this initiative on connecting veterans, caregivers, and survivors with needed resources, the Elizabeth Dole Foundation again recommends that VA brief interested organizations on the status of this provision’s enactment and solicit feedback to ensure any recommendations align with Congressional intent.

Section 130:

Given veteran preference for care in the home, GEC provides an invaluable set of tools to both accommodate the veteran’s wishes and support the family caregivers who are often thrust into this role. Among other things, section 130 requires that VA undergo an extensive review of these services to ensure consistency in program management, appropriate staffing levels, proper care coordination, and eliminate service gaps. While this provision was enacted prior to the current reorganization efforts underway at the agency, the Elizabeth Dole Foundation encourages VA to enact the provisions in the spirit in which they

were intended to ensure that these vital programs are staffed appropriately to better serve veterans and caregivers.

Conclusion:

The passage of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* provided an opportunity for VA to implement bipartisan legislation that was carefully crafted with the support of many in the veteran community. As VA continues its work on the implementation of this law, we encourage the agency to update and solicit regular feedback of relevant veteran service and non-profit organizations to achieve our mutual goal of serving veterans, caregivers, and survivors.

The Elizabeth Dole Foundation would once again like to thank the subcommittee for the opportunity to present our views today. We look forward to continuing to work with you on the full and prompt implementation of this law and would be happy to answer any questions.