



**WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD**

**SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

**LEGISLATIVE HEARING
ON**

**H.R. 3584, the *Veterans Care Act*; H.R. 3644, the *Act for Veterans Act*;
H.R. 3649, the *Veterans National Traumatic Brain Injury Treatment Act*;
H.R. 4424, the *Vietnam Veterans Liver Fluke Cancer Study Act*;
H.R. 5530, the *VA Emergency Transportation Access Act*; H.R. 6324, the *FY24 VA Major
Medical Facility Authorization Act*; H.R. 6373, the *Veterans STAND Act*;
H.R. 7347, *To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to
report on whether the Secretary will include certain psychedelic drugs in the formulary of the
Department of Veterans Affairs*; H.R. 3225, the *BUILD for Veterans Act*; H.R. 5794, the *VA
Peer Review Neutrality Act*; H.R. 3303, the *Maternal Health for Veterans Act*; and
H.R. 5247, the *Expedited Hiring for VA Trained Psychiatrists Act of 2023*.**

March 21, 2024

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the House Committee on Veterans' Affairs, Subcommittee on Health – thank you for the opportunity to submit Wounded Warrior Project's views on pending legislation.

Wounded Warrior Project (WWP) was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to more than 206,000 registered post-9/11 warriors and 51,000 of their family support members, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. We are pleased to share that perspective for this hearing on pending legislation that would likely have a direct impact on many we serve.

H.R. 3584, the *Veterans Cannabis Analysis, Research, and Effectiveness (CARE) Act*

Chronic pain is a widespread issue among our warrior population and the veteran population at large. Our Annual Warrior Survey revealed that over 3 in 4 (75.8%) of WWP warriors self-report experiencing moderate or severe pain that interferes with their activities and



enjoyment of life.¹ Further, we know that chronic pain can have significant impacts on warrior's overall physical and mental health.

Warriors also have difficulty effectively managing their pain. While over 50% of WWP warriors report taking prescription pain medication to treat or manage their pain, most are not finding their pain management options effective. Over half who reported pain in the past three months say that they were "only a little effective" or "not at all effective" in managing their pain.

Similarly, post-traumatic stress disorder (PTSD) affects a majority of WWP warriors. Approximately 3 in 4 report experiencing PTSD and PTSD is associated with higher rates of suicidal thoughts among WWP warriors. With so many warriors experiencing PTSD and many facing significant barriers to accessing mental health care, finding additional modalities of treatment has the potential to save lives. And as veterans seek out alternative treatments for their mental or physical health needs, it is imperative that their decisions can be informed by quality research and transparent discussions with medical providers.

The *Veterans CARE Act* would direct the Secretary of the Department of Veterans Affairs (VA) to promote medical research into the safety and efficacy of medicinal cannabis usage on veterans diagnosed with PTSD, chronic pain, and other illnesses and injuries. The bill would also require reports to Congress on how they plan to conduct and support the research and implementation.

Wounded Warrior Project believes that choosing an alternative treatment is a personal decision that should be made between a warrior, his or her family, and his or her medical team. We also support warriors having access to evidence-based and evidence-informed therapies, as well as complementary and alternative therapies, that have proven to be effective in rehabilitation and recovery. As several early studies have shown promising results for veterans using cannabis to treat conditions like chronic pain², WWP supports continued research in this field and the passage of the *Veterans CARE Act*. As deliberation over this legislation continues, our support would extend to additional provisions that contemplate the legal ramifications (addressing protection or transparent communication) for patients, providers, and researchers who must consider other federal and state laws governing the use, possession, and transportation of cannabis, which remains a federally-classified Schedule I drug.

H.R. 3649, the *Veterans National Traumatic Brain Injury Treatment Act*

As noted above, PTSD continues to be one of the top reported service-connected challenges facing WWP warriors. Over 75% of warriors' self-report experiencing PTSD, a condition that often has an overall negative impact on an individual's daily activities and overall quality of life. Traumatic brain injury (TBI) is also extremely common among warriors and the broader post-9/11 veteran community. Inclusive of the 36.5% of WWP warriors who report experiencing a TBI in service, the Department of Defense reports that 492,167 Service members

¹ Figures associated with WWP warriors throughout this testimony are drawn from WWP's 2022 Annual Warrior Survey. A full copy of the report can be viewed at <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>.

² See, e.g., Marion McNabb et al., *Self-reported Medicinal Cannabis Use as an Alternative to Prescription and Over-the counter Medication Use Among US Military Veterans*, 45(6) CLINICAL THERAPEUTICS 562, 562-67 (2023).

were diagnosed with TBI between 2000 and 2023.³ While TBIs can include a range of symptoms, warriors with a history of TBI generally report significantly lower overall physical and mental health in the present day.

The *Veterans National Traumatic Brain Injury Treatment Act* would establish a five-year pilot program at the Department of Veterans Affairs to supply hyperbaric oxygen therapy (HBOT) to veterans with traumatic brain injuries (TBI) or post-traumatic stress disorder (PTSD). The pilot program would be funded through a general fund of the Treasury, known as the “VA HBOT Fund” that is supplied solely by donations received for express purposes of the Fund.

Several recent studies have showed promising results in treating PTSD with HBOT. One trial found improved symptoms and functionality for veterans with treatment resistant PTSD that used HBOT.⁴ Another review of pre-clinical and clinical trials found that HBOT can improve clinical outcomes of veterans with treatment resistant PTSD and found overall positive effects on PTSD symptoms.⁵ Given these early signs of promise and frequent requests heard from warriors for access to HBOT, WWP supports the *Veterans National Traumatic Brain Injury Treatment Act*.

H.R. 5530, the VA Emergency Transportation Access Act

Among the critical health services that VA extends to enrolled patients is coverage of air ambulance services, and recent health care trends have highlighted the need for this service in rural areas. From 2010 to 2021, rural communities lost access to 136 rural hospitals⁶ and residents in those areas with emergent needs (when time to treatment is critical) are more likely to be hours away from the most appropriate hospital or medical facility. Today, air ambulances and their crews are filling a critical gap by providing emergency transportation in those situations.

Unfortunately, the air ambulance industry has raised serious concerns about its ability to sustain and meet this demand because of low federal reimbursement rates. Currently, Medicare reimburses providers at less than 50 percent of the cost of transporting a patient, and Medicaid reimburses even less. In 2020, VA issued a proposed rule⁷ to bring its reimbursement rates in line with the Centers for Medicare & Medicaid Services. In the time since, VA has proposed a final rule – consistent with its initial plan – to establish a new payment methodology for special modes of transportation available through the VA beneficiary travel and extended the effective date to February 16, 2025.⁸

³ DEF. HEALTH AGENCY, U.S. DEP'T OF DEF., *DoD TBI Worldwide Numbers*, <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence/DOD-TBI-Worldwide-Numbers> (last visited Mar. 18, 2024).

⁴ Keren Doenyas-Barak et al., *Hyperbaric Oxygen Therapy Improves Symptoms, Brain's Microstructure and Functionality in Veterans with Treatment Resistant Post-traumatic Stress Disorder: A Prospective, Randomized, Controlled Trial*, PLoS ONE (Feb. 2022), available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0264161>.

⁵ Keren Doenyas-Barak et al., *The Use of Hyperbaric Oxygen for Veterans with PTSD: Basic Physiology and Current Available Clinical Data*, FRONT NEUROSCI.(Oct. 2023), available at <https://www.frontiersin.org/journals/neuroscience/articles/10.3389/fnins.2023.1259473/full>.

⁶ AMERICAN HOSP. ASS'N, RURAL HOSPITAL CLOSURES THREATEN ACCESS: SOLUTIONS TO PRESERVE CARE IN LOCAL COMMUNITIES (Sep. 2022), available at <https://www.aha.org/system/files/media/file/2022/09/rural-hospital-closures-threaten-access-report.pdf>.

⁷ Changes in Rates VA Pays for Special Modes of Transportation, 85 Fed. Reg. 70,551 (Nov. 5, 2020) (to be codified at 38 C.F.R. pt. 70).

⁸ Changes in Rates VA Pays for Special Modes of Transportation, 88 Fed. Reg. 90,120 (Dec. 29, 2023) (to be codified at 38 C.F.R. pt. 70).

While the House Report to the Consolidated Appropriations Act of 2024 (P.L. 118-42; H.Rept. 118-122) directs VA to “expeditiously contract with providers of special modes of transportation at fair and appropriate reimbursement rates to provide certainty about payments and ensure the availability of ambulance services,” WWP supports the enhanced measures outlined by the *VA Emergency Transportation Access Act*. This bill would direct more specific action for VA to take before the agency can change the rate of payment or reimbursement for air ambulance services. Although we encourage expeditious consideration of this legislation, we appreciate Congress and VA actions to date to prioritize this issue and remain transparent with veteran service organizations and industry stakeholders.

H.R. 6373, the *Veterans Spinal Trauma Access to New Devices (STAND) Act*

Currently, there are an estimated 42,000 veterans living with chronic spinal cord injury (SCI) in this country and more than 11 percent of military personnel injured in Operation Iraqi Freedom and Operation Enduring Freedom have a SCI.⁹ Among WWP warriors, 16.4% self-report living with a SCI as a result their service. Living with these injuries can have long-term effects on veterans physical and mental health and often have a serious impact on their quality of life.

The *Veterans STAND Act* would provide annual preventative health evaluations to veterans with a SCI to help increase access to prosthetic equipment and assistive technologies that could help maximize the independence and mobility of veteran. The bill would also require VA to conduct outreach to veterans, consult with assistive technology experts when developing or changing pertinent guidance, and report to Congress regarding the extent to which veterans are being prescribed and are using personal exoskeletons issued by VA.

As exoskeleton devices and other assistive technologies can be lifechanging for veterans with SCI, this bill will help to ensure that veterans living with these conditions have access to the best technology available to help improve their quality of life. WWP supports these efforts to expand access to assistive technologies and specifically the *Veterans STAND Act*.

H.R. 3303, the *Maternal Health Care for Veterans Act*

Maternal morbidity and mortality outcomes hold significant relevance for women veterans due to their unique healthcare needs and experiences, and severe maternal morbidity affects a significant number of women veterans.¹⁰ VA notes that veterans using VA-covered maternity care are a high risk population and have elevated rates of pregnancy complications and adverse maternal and infant outcomes compared to the general population.¹¹ High rates of mental health problems, hypertension, obesity, and maternal conditions have been noted among

⁹ Denise C Fyffe et al., *Spinal Cord Injury Veterans' Disability Benefits, Outcomes, and Health Care Utilization Patterns: Protocol for a Qualitative Study*, J. MED. INTERNET RESEARCH, RESEARCH PROTOC. (Oct. 2019), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6800461/>.

¹⁰ Joan L. Combellick et al., *Severe Maternal Morbidity Among a Cohort of Post-9/11 Women Veterans*, 29(4) J. Womens Health 577, 755-84 (2020).

¹¹ U.S. DEP'T OF VET. AFFAIRS, *VA Pregnancy and Maternity Care Research* (Jan. 2023), https://www.hsrd.research.va.gov/centers/womens_health/Pregnancy-Maternity-Care-Research-Snapshot2023.pdf.

women veterans who experienced severe maternal morbidity events.¹¹² These and other factors can impact their reproductive health and increase their vulnerability to maternal morbidity complications during pregnancy and childbirth.

Fortunately, Congress recently codified VA's Maternity Care Coordination program with the *Protecting Moms Who Served Act* (P.L. 117-69) and provided \$15 million in initial funding. This program manages the maternity care coordination position at VA, a multifaceted role that supports pregnant women veterans as a liaison between the patient, the non-VA provider, and the VA facility through monitoring the delivery and coordination of care and tracking outcomes of services related to maternity care. The *Maternal Health Care for Veterans Act* would reauthorize funding for the Maternity Care Coordination program at the same authorized funding level of \$15 million per year for the next five fiscal years. The *Maternal Health Care for Veterans Act* also requires VA to provide an annual report to Congress through FY 2028 on its activities and use of funds relating to the coordination of maternity health care.

Wounded Warrior Project believes that women veterans should have equitable access to quality, gender specific health care through VA services, including for pregnancy and maternal health. With research suggesting that maternal morbidity and mortality rates are at increased risks for women veterans, there is an urgency to this issue to support the passage of the *Maternal Health Care for Veterans Act*.

H.R. 5247, the *Expedited Hiring for VA Trained Psychiatrists Act*

One of WWP's legislative priorities is to continue to support VA workforce improvements by supporting policies that allow VA to recruit and retain high-quality talent to improve veterans' experiences at VA and improve their health outcomes. Recently, we have seen strong hiring at VA, with both the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA) employing at record levels, thus allowing them to deliver more critical benefits and services than ever before.¹³ However, there are still critical areas with serious staffing shortages that urgently need to be addressed.

Unfortunately, the mental health field is one of these areas, with both VA and the nation facing a shortage of mental health care providers. According to VA's Office of Inspector General, in Fiscal Year 2023, social work, psychology, and psychiatry remained among the most frequently reported occupations with severe shortages across VA nationwide.¹⁴ Troublingly, 74 facilities reported severe shortages for social workers, 91 facilities reported severe shortages for psychologists, and 73 reported severe shortages for psychiatrists.¹⁵

The *Expedited Hiring for VA Trained Psychiatrists Act* would work to address this issue by speeding up the hiring process for psychiatrists who train at VA facilities. Specifically, the bill authorizes VA to hire psychiatrists who completed their residency at a VA facility –

¹² Ceshae C. Harding et al., *Maternal Chronic Hypertension in Women Veterans*, 59(4) HEALTH SERVS. RESEARCH (2024), available at <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1475-6773.14277>.

¹³ Press Release, U.S. Dep't of Vet. Affairs, VA Sets All-Time Records for Care and Benefits Delivered to Veterans in Fiscal Year 2023 (Nov. 6, 2023), available at <https://news.va.gov/press-room/va-all-time-record-care-benefits-veterans-fy-2023/>.

¹⁴ OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES FISCAL YEAR 2023 6 (Aug. 2023).

¹⁵ *Id.*

immediately after their residency is completed – without regard to civil service or classification laws. This will result in a shortened hiring process for a field that is critically needed at VA, allowing VA to fill positions more quickly and offering a further incentive to psychiatrists that may be interested in working at VA but are lured into private practices that may have less onerous bureaucratic hiring requirements. At least some veterans will benefit from continuity of care as residents are retained, and more stand to gain from the military cultural competence those providers developed over the course of their residency.

Wounded Warrior Project appreciates the attention to this critical issue as we work to improve access to quality mental health care for all veterans. We support the *Expedited Hiring for VA Trained Psychiatrists Act* and encourage continued investment in the VA workforce at large.

CONCLUSION

Wounded Warrior Project once again extends our thanks to the Subcommittee on Health for its continued dedication to our nation's veterans. We are honored to contribute our voice to your discussion about pending legislation, and we are proud to support many of the initiatives under consideration that would enhance veterans' access to care and support. As your partner in advocating for these and other critical issues, we stand ready to assist and look forward to our continued collaboration.