

**Statement of Mrs. Caira Benson
House Veterans' Affairs Committee
Subcommittee on Health
December 10, 2025**

Chairman Miller-Meeks, Ranking Member Brownley, and Members of the House Veterans' Affairs Subcommittee on Health, thank you for inviting me to testify today. It is my honor to return to further the discussion on the inefficiencies and inequalities within the Department of Veterans Affairs' (VA) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

At the Code of Support Foundation (COSF), we work with veterans and their families every day. Our digital resource hub, PATRIOTlink, has served over 67,000 military community members to find needed supports for active duty servicemembers, veterans, caregivers, family members, and survivors. Every day our case management team works to connect active duty servicemembers, veterans, caregivers, family members, and survivors to local, regional, national, and government partners to achieve needed financial, social, physical health, and mental health supports to achieve stability. At COSF, we are in the records daily and in-tune with the needs of the military community.

But I am not just here as an employee of a veterans' non-profit. I am here as a caregiver, advocate, and a CHAMPVA user. I care for my husband who deployed twice to Iraq as a combat engineer between 2003-2006. My husband suffered multiple Traumatic Brain Injuries (TBIs) during his years in service; however, it would take until 2018 to formally diagnose those TBIs, despite a clear record of evidence. It would take another year to figure out his case was complicated by toxic encephalopathic process, most likely due to chemical exposures. Today, Eric is unable to work, needs full-time care, and is seen by a university neurological team due to the complexity of his case.

My five children and I enrolled in CHAMPVA in 2017 when my husband was awarded Permanent and Total status for his service-connected injuries. We breathed a sigh of relief knowing that we would have the safety net of health insurance for myself and our children, three of whom have needed specialty medical care through the years.

I testified in June of this year to this subcommittee about the nightmare navigating CHAMPVA has been for our family. Highlights of that nightmare include having to sign a \$110,000 promissory note to ensure a needed hospitalization occurred in the chance that CHAMPVA refused payment, putting needed medical care on hold while waiting 6 months for preauthorization, being sent to collections when CHAMPVA claim payments didn't occur in a timely manner with one provider waiting over 27 months to receive payment for services. CHAMPVA's "appropriate care" has felt anything but appropriate. Indeed, I still find our

family's health needs are in arrears because we hesitate to use the complicated system which many in my area will not file.

I will not rehash my testimony given in June of this year – I know the committee is interested in how the situation looks for CHAMPVA users today, if the changes have been made, and how those changes have been received since my last testimony.

I commend VA for finally clearing the CHAMPVA application backlog. It is beyond time to process applications in real time. I also was overjoyed to hear that claims being submitted electronically are being paid quicker than previously.

Yet, even with that good news, the situation on the ground for CHAMPVA users remains murky. While the application backlog is cleared, only two families I knew waiting on their decisions have received notifications of such to date.

Provider acceptance of CHAMPVA still remains a challenge. As a user myself, I had a medical complication this year which required me to travel over an hour for out-patient procedures as they were the nearest provider willing to file.

Even living in last year's fastest-growing county in the nation, I still cannot find a pediatrician who will file CHAMPVA for primary pediatric care for my children. I still pay out-of-pocket for my children's mental health providers as we have yet to find a provider who accepts CHAMPVA.

I know I am not alone. At COSF, one of our most frequent requests is mental health supports for dependents. We have multiple national and regional providers we work with to provide such supports for our clients. Five of these take TRICARE and refuse to take CHAMPVA. To quote one, "VA is too difficult to work with."

I feel those words deeply. Indeed, the difficulty of the process has made me personally stop filing for reimbursement. It is one more bureaucratic fight that caregivers like me do not need.

It is hard to place blame on providers for declining to accept and file CHAMPVA. Indeed, VA has made it difficult on providers filing claims and on users looking for providers. There is no known provider network or contracts outside of CHAMPVA's pharmacy component run by OptumRX.

I have talked to multiple providers who tell me there is no published fee schedule. While there is a "CHAMPVA acceptable pay rate," most providers do not know what that is until they are paid or until the patient receives their Explanation of Benefits (EOB). Most providers tell me they understand the acceptable rate is based on Centers for Medicaid & Medicare Services (CMS) rates, however pay can vacillate lower than the Medicare rate. By agreeing to file the claim, providers are barred from recouping any difference between the expected and paid rates.

Claims filing is messy, at best, with many providers still filing via paper claims through either the local VA Medical Center (VAMC) or CHAMPVA mail-in centers, depending on what current local advice is. Several providers I spoke to were unaware of the ability to file claims electronically.

Claim payment times are not guaranteed. Some claims are paid in weeks; some claims are paid in years. Payments for claims are delayed by filing codes that are, unbeknownst to the filer, not accepted by CHAMPVA causing denials, and requiring refiling. Delayed payment means that I routinely talk to CHAMPVA users who have their accounts sent to collections by providers due to the length of time between claim filing and claim payment. Indeed, I had two such discussions just last week.

I recently learned that VA now offers an app where family members can look up CPT codes to ensure services are covered. And I ask this – why am I, as a caregiver and dependent, required to do what every other insurance agency does through yearly contract updates to their provider network?

As they did in the Senate Veterans' Affairs Committee on May 21, 2025, VA has argued in the past that CHAMPVA is not an insurance product, it is a medical service. I remain steadfast - the industry, the federal government, and, more often than not, the VA treats CHAMPVA as an insurance product. For instance, like those covered by Medicaid, Medicare, or TRICARE, CHAMPVA enrollees may not take part in the drug cost reduction programs offered to patients on fixed or low incomes. If we choose to shop for insurance through the Health Care Marketplace, CHAMPVA enrollees are not eligible for either financial assistance nor advance premium tax credits. Every year, CHAMPVA enrollees receive a 1095-B attesting to the fact that CHAMPVA counts as minimum essential coverage under the Affordable Care Act. Finally, even VA states that CHAMPVA is only available to caregivers enrolled in VA's Program for Comprehensive Assistance for Family Caregivers (PCAFC) when they have no other health insurance. Thus, CHAMPVA identifies itself as an insurance plan when it offers proof of coverage and bars use of its plans in the face of other coverage.

CHAMPVA provides EOBs, approves and denies diagnostic codes, approves and denies medical treatment codes, and remits payment for enrollees to providers for approved services rendered by the medical community. CHAMPVA even has out-of-pocket maximums, deductibles, copays, and a medication formulary with tiered pricing. With the exception of the difficulty of use, CHAMPVA feels like every other insurance product I have ever received through an employer.

Indeed, the stance that CHAMPVA is not an insurance product is detrimental to veterans' families. At COSF, I recently walked a Permanent and Totally disabled veteran through enrollment for his wife into CHAMPVA. Prior to reaching out to us, this veteran had purchased insurance for his dependent through the Healthcare Marketplace, not understanding that CHAMPVA provided Patient Protection and Affordable Care Act, or ACA, compliant coverage.

I am positive we will hear today from VA that CHAMPVA is equivalent to TRICARE. Except, we users know it is not. TRICARE has contracted rates and a published fee schedule. TRICARE has mandated electronic filing and a clear appeals system. Treatments we know are covered under TRICARE are not always covered under CHAMPVA. Some other major differences:

- TRICARE offers TRICARE Young Adult allowing for coverage for dependents 18-21 (23 if in college). CHAMPVA coverage ends on the dependents 18th birthday unless enrolled in school.
- TRICARE offers coverage for stepchildren until the marriage ends in divorce. CHAMPVA's stepchild coverage ends at 18 or when the child leaves the domicile, meaning a stepchild who changes their address to go to college could be dropped.
- TRICARE retirees may choose Federal Employees Dental and Vision Insurance Program (FEDVIP) which provides orthodontia coverage for dependents. CHAMPVA enrollees may only choose VA Dental Insurance Program (VADIP), where orthodontia was cut from the leading plan this year (DeltaDental).

Appeals for denied coverage under CHAMPVA are difficult to navigate as well. I recently had a caregiver call me because her child's recent claim for an ambulance ride during an anaphylaxis event was denied by CHAMPVA. It took over an hour of digging claims denial letters, EOBs, and CPT codes to understand what had happened – the denial was due to an inaccurate billing code which was billed under both an individual code and a packaged CMS code. CHAMPVA had paid the packaged code but denied the individual code, and we do not believe the CHAMPVA enrollee will be charged for the ambulance ride.

The denial letters listed three appellate structures: a supplemental claim or higher-level review through the Veteran Family Member Program (VFMP) appeals office or an appeal to the Board of Veterans' Appeals. Yet, the CHAMPVA website states there is a clinical appeal option that was not mentioned in the denial letter. How does a CHAMPVA user without extensive knowledge understand the next steps to appeal a denied claim? What was also glaringly missing? Something considered routine in today's world of denied insurance claims – an option for a third-party review for denied services.

In short, CHAMPVA remains a complicated mess for users. The historically large gap between enrollees and users validates this difficulty. In the 2024 congressional report, Health Care for Dependents and Survivors of Veterans (RS22483), the gap is evidenced across the decades with 2024 having over 700,000 enrollees but only 488,000 users.

While VA has announced positive steps to easing some of the known CHAMPVA problems, CHAMPVA fixes are far from complete.

CHAMPVA users need:

- Statutory change to bring parity to stepchildren;

- Statutory clarity to allow for a contracted provider network with clear, contracted CPT codes and published fees, similar to the modernization of CHAMPUS to TRICARE;
- Regulatory updates establishing a provider network with clear, contracted CPT codes and published fees;
- Mandated electronic claims filing; and
- Clarity in claims appeals processes, including a third-party review.

We also need you as a subcommittee to remember who receives CHAMPVA eligibility – TRICARE ineligible dependents of permanently and totally disabled veterans, survivors of those same veterans, and those enrolled in PCAFC with no other health insurance. In other words, our most vulnerable community members.

In VA's mission, "To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors," CHAMPVA is failing. As a community, we cannot continue to allow this egregious lapse of coverage for those who need it most.

We at COSF stand ready to work alongside VA and this Committee to help modernize CHAMPVA. I thank you for your time and attention, and I look forward to your questions.