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WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD

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

LEGISLATIVE HEARING
ON

H.R. 9324, Protecting Veteran Access to Telemedicine Services Act; H.R. 9146, Ensuring Continuity in Veterans Health Act; H.R. 7504, Rural Veterans Transportation to Care Act; H.R. 6330, Veterans Sentinel Act; H.R. 8562, Parity for Native Hawaiian Veterans Act; H.R. 6291, Have You Served Act (Ranking Member Brownley); H.R. 9301, to direct the Secretary of VA to include two counties in New Mexico in a certain Veterans Integrated Service Network; Draft, to amend title 38, United States Code (U.S.C.), to include a representative of the National Association of State Veterans Homes on the Geriatrics and Gerontology Advisory Committee of the Department of Veterans Affairs (VA); H.R. 9427, to direct the Secretary of VA to carry out a pilot program to provide grants to medical facilities for the provision of culturally competent, evidence-based mental health care for veterans, and for other purposes; Draft, to amend title 38, U.S.C., to require that non-citizen appointees to positions in the Veterans Health Administration are subjected to background investigations prior to employment; Draft, Enhancing Faith-Based Support for Veterans Act of 2024; Draft, No Wrong Door for Veterans Act; H.R. 9426, to direct the Secretary of VA to carry out a pilot program under which the Secretary may fill vacant shifts at medical facilities of VA with non-Department health care providers; Draft, to amend title 38, U.S.C., to include adaptive prostheses and terminal devices for sports and other recreational activities in the medical services furnished to eligible veterans by the Secretary of VA; Draft, Service Dogs Assisting Veterans Act; Draft, Conflict of Interest Waiver for VA Researchers.

September 11, 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 life-changing programs and services to more than 216,000 registered post-9/11 warriors and 53,000 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 with you as the Subcommittee considers pending legislation that would directly impact those we serve.

<u>COMMUNITY PARTNERSHIP AND ALIGNMENT</u>

Wounded Warrior Project is committed to helping shape and support a community of stakeholders working to improve veteran mental health and prevent veteran suicide. We strongly encourage continuing a public health approach that coordinates action from all government as well as public-private partnerships. Ensuring sufficient funding for and alignment of these efforts is among our highest legislative priorities.

In this spirit, we offer perspective on three bills as part of a single discussion below. As a uniting theme, we believe that no one organization – and no single agency – can fully meet all veterans' needs. Empirically supported mental health treatment absolutely works when it is available and when it is pursued, but the best results will be found by embracing a public health approach focused on increasing resilience and psychological well-being and building an aggressive prevention strategy.

<u>H.R. 6291 – the *Have You Served Act*</u>

Carefully designed outreach strategies are an integral part of building and nurturing relationships in the veteran community. Communication that incorporates elements of military cultural competence and awareness-building can help link veterans and their families to critical benefits and services that may be offered through a single organization or part of a larger network of support. Notably, the first goal in VA's National Strategy for Preventing Veteran Suicide ("Integrate and coordinate Veteran suicide prevention activities across multiple sectors and settings") recognizes that effective outreach and coordination must take place in diverse settings and systems.[1]

The *Have You Served Act* would bolster outreach efforts that have been successfully deployed in communities across the country. The Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) are collaborative programs between the Department of Veterans Affairs (VA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and state, local, tribal, and territorial governments. The purpose of these programs is to use a public health approach to develop and implement best practices to help prevent veteran suicide.

As part of the Governor's Challenge, several states have adopted "Ask the Question" campaigns. This campaign aims to identify suicide risk among Service members and veterans by first asking the question, "Have you, or a member of your immediate family, ever served in the

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[1] OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, NATIONAL STRATEGY FOR PREVENTING VETERAN SUICIDE 2018-2028, *available at* https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

military?" Asking this initial question helps facilitate a conversation with veterans at risk of suicide and provides an opportunity to connect veterans with valuable tools and resources. For example, in Rhode Island, RI Serves is a network of organizations that serve veterans, Service members, and their families throughout the state. RI Serves has 35 partners, including many service organizations that implement the "Ask the Question" campaign and refer veterans to VA, as appropriate.[2]

The *Have You Served Act* would direct VA to provide grants to states and federal agencies for the purpose of carrying out "Ask the Question" campaigns. The provision of state grants would allow VA to develop or expand existing "Ask the Question" campaigns by providing training to human services professionals, State and local governments, and community providers about how to appropriately ask consumers whether they or a loved one have served in the Armed Forces and to communicate information about resources available at VA. For entities that receive grants, VA would provide technical assistance, including best practices acquired from the experiences of other eligible entities carrying out Ask the Question Campaigns; information on veterans resources in the state where the eligible entity is located; and information about VA screening protocols for assessing suicide risk and social determinants of health. The provision of federal grants would allow VA, in coordination with the Director of the Office of Management and Budget, to develop a plan to work with each Federal department and agency to implement "Ask the Question" Campaigns in social service or health care programs which interact with individuals receiving benefits and services.

While much progress has been made, mental health stigma still exists. The purpose of "asking the question" is to conduct mental health outreach to veterans – in a sensitive and culturally competent way – for those who may be reluctant to reach out themselves or ask for help. The "Ask the Question" campaign would expand mental health resources and improve access to mental health care at both the state and federal levels for veterans.

H.R. 9427 – to direct the Secretary of Veterans Affairs to carry out a pilot program to provide grants to outpatient mental health facilities for the provision of culturally competent, evidence-based mental health care for veterans, and for other purposes.

According to WWP's Annual Warrior Survey, 76 percent of warriors reported post-traumatic stress disorder (PTSD), with nearly half presenting moderate to severe symptoms. PTSD, anxiety, and depression have continually ranked among the top mental health issues among our warriors. Mental health and suicide prevention continues to be a top priority for WWP, and we support an approach that integrates both government as well as non-profit and private organizations to help ensure community alignment to address these issues.

The pilot program proposed by this draft bill would offer grant funding for non-profit organizations who provide evidence-based mental health treatment services to veterans in outpatient facilities or facilities where the organization will provide mental health care to veterans using grant funds. This funding would be used to help ensure that these programs are

[2] Defense-State Liaison Off., U.S. Dep't of Def., Best Practices: "Ask the Question" Campaign, *available at* https://download.militaryonesource.mil/StatePolicy/pdfs/2022/bestpractices-askthequestioncampaign.pdf.

able to serve all interested veterans with care at no cost. The program would focus on communities that are medically underserved, located near military installations, have large veteran populations, or have large numbers of veterans at high risk for suicide. Grantees would be required to educate care recipients about VA eligibility and encourage them to enroll in VA for healthcare if they are not already enrolled.

An important underlying discussion to this draft legislation is VA's role as a coordinator of care. While WWP appreciates the need to keep VA as a coordinator of unfragmented clinical care, we believe that embracing grants to direct care programs – particularly when skepticism towards VA in the veteran community is an unfortunate reality for some – is a commitment most consistent with putting the needs of the veteran first. According to VA's *2023 National Veteran Suicide Prevention Annual Report*, approximately 17.5 veterans were lost to suicide each day in 2021 and approximately 6.7 of those 17.5 veterans (38%) received care through the Veterans Health Administration (VHA) within the two-year period prior to their death. Among those who used VHA, almost 4 in 10 veterans (39.1%) were not being treated for a mental health or substance use disorder. Stated differently, approximately 13 of every 17 veterans lost to suicide each day in 2021 had not received care or been diagnosed with a mental health disorder by VA within two years of their death.

These figures indicate that a vast majority of veterans who die by suicide are not receiving mental health treatment from VA. Mental health treatment works, but every individual has unique needs, and there is no one-size-fits-all solution. While WWP's Annual Warrior Survey consistently reflects that veterans rank VA as their top mental health resource, barriers to seeking that care remain. Whether due to appointment hours, bad prior experiences, perceived stigma, or the thought that receiving care may take away an opportunity from someone who needs it more, many still choose to not purse mental health care at VA or forego seeking help entirely.

In this context, we must do everything we can to ensure that there is no wrong door to seeking mental health care – even if the first step is taken in the community. For example, WWP was pleased to support the *COMPACT Act*[3], which now allows veterans experiencing a mental health crisis to receive acute and follow up emergent suicide care at no cost from VA and non-VA facilities regardless of eligibility for VA care. This draft legislation may build upon that model and could be considered for inclusion in the *No Wrong Door for Veterans Act* – as one of several suicide prevention services – as an upstream effort to prevent veteran suicide and offer veterans more support before reaching a crisis point.

Draft legislation – the *No Wrong Door for Veterans Act*

Our 2022 Annual Warrior Survey found that the top four service-related injuries and health problems self-reported by WWP Alumni are sleep problems (80%); PTSD (76%); anxiety (76%); and depression (74%).[4] Assisting warriors with these mental health challenges has consistently been WWP's largest programming investment year-to-year. However, WWP

[3] *Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020* (P.L. 116-214 § 201).
[4] A full copy of WWP's 2022 Annual Warrior Survey can be viewed at https://www.woundedwarriorproject.org/mission/annual-warrior-survey.

recognizes that a single organization cannot meet the needs of all post-9/11 veterans and their families. This awareness has led to WWP's partnership and financial support for 212 military and veteran-connected organizations through grants since 2012.

The importance of a community-wide, public health approach to mental health also shaped WWP's advocacy in support of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, specifically Section 201, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201) (SSG Fox SPGP).

The SSG Fox SPGP is a three-year pilot program that provides grants to community-based organizations and state, local, and tribal governments that provide suicide prevention services for veterans and their families. These suicide prevention services provide upstream interventions before veterans reach the point of mental health crises and allow for spending on activities like outreach, peer support, case management services, and assistance in obtaining VA benefits. In 2022 and 2023, VA awarded $52.5 million to 80 community-based organizations. VA will award the third and final round of $52.5 million in grants by September 30, 2024; these funds will be used by the organizations in FY 2025.[5]

The *No Wrong Door for Veterans Act* would reauthorize the SSG Fox SPGP through 2027. It would also make certain changes and improvements to the program, including: requiring that not more than five percent of a Fox grant may be spent on food and non-alcoholic beverages; requiring that VA provide briefings about the grant program at local Veteran Affairs Medical Centers (VAMCs) every quarter to improve coordination between grantees and VA personnel; and requiring that baseline mental health screenings for risk be conducted using the Columbia Protocol (i.e., the Columbia-Suicide Severity Rating Scale (C-SSRS)).

The changes outlined above would be welcomed. WWP uses the Columbia Protocol for mental health screenings. WWP formally incorporated the C-SSRS as a standardized screener for all warriors and family support members referred for mental health services (i.e., triage) in October 2023. The C-SSRS allows suicide screenings to be conducted in a standardized manner; provides flexibility that anyone can administer a screening, not just a administered a mental health professional; and uses a scale that is concise, valid, and reliable across various settings and for individuals of all age groups. The scale serves to help in identifying risk, assessing severity and immediacy, and determining the level of support required. WWP supports the reauthorization of the SSG Fox SPGP and these proposed amendments to the program.

However, WWP offers a point of consideration for the Subcommittee regarding one additional provision in the *No Wrong Door for Veterans Act*. The bill specifies that, if a community grant partner makes a mental health referral on behalf of a veteran and VA does not provide services to the veteran within 72 hours, that veteran will be eligible for emergency suicide care at no cost, as provided by section 201 of the COMPACT Act. While WWP appreciates the intent of ensuring that a veteran who receives a mental health referral will be guaranteed care within 72 hours by VA, WWP believes a better option would be to empower the

[5] Press Release, U.S. Dep't of Vet. Affairs, VA to Award $52.5 Million in Grants to Local Organizations Working to Prevent Veteran Suicide (Jan. 25, 2024), *available at* https://news.va.gov/press-room/va-to-award-52-5m-grants/.

community partner making the referral with the ability to expand or supplement its ability to provide that mental health care on its own or with recognized community-based providers.

Currently, community partners may use Fox grant funding to provide or coordinate clinical services for emergency treatment for veterans. If a veteran receives clinical services for emergency treatment and requires ongoing services, the grantee must then refer the veteran back to VA for additional care. If they do not, any ongoing clinical services provided are at the expense of the grantee.[6] However, some veterans do not want to receive or are not comfortable receiving care at VA for certain reasons. In these situations, the community partner must then decide whether to stop providing care or whether to provide care at their own expense. This may not be possible for all grantees, putting an end to a veteran's mental health treatment for those who choose not to receive care at VA.

There should truly be "no wrong door" to mental health care. If a veteran is willing to seek mental health care from a community partner, WWP believes a more practical consideration would be to allow community partners to use grant funding for veterans in need of follow-on care. This would reduce the number of referred veterans for whom VA would need to provide free emergency room care in cases in which their referrals are not met within 72 hours. As outlined in the previous draft bill discussion (regarding grants to outpatient mental health facilities), SSG Fox SPGP grantees should be required to educate care recipients about VA eligibility and encourage them to enroll in VA for healthcare.

The SSG Fox SPGP offers innovative mental health programming for veterans suffering from invisible wounds. WWP strongly supports its reauthorization as well as improvements to this critical program to continue supporting a public health approach to suicide prevention. In particular, WWP supports reauthorizing SSG Fox SPGP with additional flexibility to allow community partners the ability to use grant funding to provide follow-on clinical care for veterans, in the same fashion as H.R. 9427 (to direct the Secretary of Veterans Affairs to carry out a pilot program to provide grants to outpatient mental health facilities for the provision of culturally competent, evidence-based mental health care for veterans, and for other purposes).

OTHER LEGISLATION

H.R. 9324 – the *Protecting Veteran Access to Telemedicine Services Act of 2024*

In 2008, the *Ryan Haight Online Pharmacy Consumer Protection Act* became law and required patients to complete at least one in-person visit with a health care provider before that provider could prescribe them a controlled substance. In consideration of the COVID-19 public health emergency, this requirement was temporarily suspended in March 2020. In 2023, both the Drug Enforcement Agency (DEA) as well as the Department of Health and Human Services (HHS) agreed to continue this temporary suspension until December 31, 2024.[7] The *Protecting*

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[6] Funding Opportunity: Staff Sergeant Fox Suicide Prevention Grant Program, 89 Fed. Reg. 5310 (Jan. 26, 2024).

[7] Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications, 88 Fed. Reg. 69879 (Oct. 10, 2023).

Veteran Access to Telemedicine Services Act of 2024 would make this exemption permanent for veterans and VA providers by authorizing the delivery, distribution, and dispensing of controlled substances to veterans from VA providers without requiring an in-person appointment.

If the current COVID-era extension expires, then rural veterans who do not live near VA or community health care facilities – and who rely primarily on telehealth services – would likely be negatively impacted. Appointment coordination challenges and travel logistics may lead to interruptions in their care or lapses in prescriptions. The list of controlled substances contains not only pain medications, but also multiple mental health drugs that are important parts of treatment plans for many veterans dealing with mental health issues.

Many veterans who began treatment plans that included controlled substance prescriptions during the period of this exemption may not be aware of, or prepared for, the potential interruptions of their care plan. For instance, the *PACT Act*[8], the most comprehensive authorization of VA benefits in recent history, became law in August 2022 while this exemption was in place. More than 1 million *PACT Act*-related claims have since been granted by VA, meaning that none of those veterans have been subject to pre-exemption requirements. This dramatically increases the number of veterans who could have their current treatment plan impacted by the expiration of this exemption.

Wounded Warrior Project supports this bill in its current form, however, should the Committee feel this bill goes too far by removing all requirements for in-person appointments, a modified version authorizing the renewal of controlled substance prescriptions written for veterans during the time period the exemption was in place and who are still seeing the same provider who issued the prescription may help prevent unexpected disruptions of veteran treatment plans.

H.R. 9146 – the *Ensuring Continuity in Veterans Health Act*

Many veterans who use VA for health care are seen by a range of providers over the years, both at VA and within the community care network. During a July 2022 during a House Committee on Veterans' Affairs Health Subcommittee hearing, VA reported that, for services available both at VA and in the community, veterans utilized community care for 44 percent of health care services.[9] Regardless of where a veteran receives care, WWP supports a patient-centric approach to health care decisions.

VA's Veterans Community Care Program (VCCP), codified by the *VA MISSION Act*[10], allows veterans to utilize non-VA providers on the basis of certain criteria. Among several qualifying criteria, veterans may utilize community care in situations in which the veteran and the veteran's referring clinician agree that care and services from a provider outside VA would be in the veteran's best medical interest (38 USC § 1703 (d)(1)(E)).

[8] *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics* (*PACT*) *Act of 2022* (P.L. 117-168).
[9] *Examining VA Community Care Access, Utilization, and Expenditures: Hearing Before H. Subcomm. on Health, H. Comm. on Vet. Affairs*, 117th Cong. (2022) (statement of Miguel LaPuz, Acting Dep. Under Sec'y of Vet. Affairs for Health).
[10] *John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018* (P.L. 115-182).

There are several delineated factors for what constitutes a veteran's "best medical interest" (*see* 38 USC § 1703(d)(2)). These factors include the distance between the veteran and the VA facility that would provide the hospital care, medical services, or extended care services the veteran needs as well as the nature and the frequency of the hospital care, medical services, or extended care services required. Other factors for determining whether VA care or community care is in the veteran's best medical interest include the timeliness of available appointments at VA and whether the veteran would face an unusual or excessive burden to access care services from VA. While it may be taken into consideration in certain cases, continuity of care is currently not a requirement for determining what type of care is in a veteran's best medical interest.

The *Ensuring Continuity in Veterans Health Act* would codify continuity of care as a standard factor for consideration when deciding whether community care is in the best medical interest of the veteran. Continuity of care is key to providing the best possible care for veterans. Patients who receive continuity of care experience higher rates of satisfaction, more cost-effective care, and ultimately, better health outcomes.[11] Continuity of care is particularly important for veterans with mental health conditions, such as PTSD, who establish trusted relationships with providers and must interrupt treatment to build trust and reestablish connections with new providers. Patients who must see multiple providers receive fragmented care and are at greater risk for experiencing errors in their treatment, undergoing unnecessary visits and hospitalizations, and developing less trust in their providers.

Wounded Warrior Project supports the *Ensuring Continuity in Veterans Health Act*, and a vision to ensure that veterans do not experience disruptions in needed hospital care, medical services, or extended care services. It would also provide more flexibility and peace of mind to veterans to enhance patient care and ensure a high standard of health care for veterans. Ultimately, WWP supports a veteran-centric approach to health care, in which veterans can trust and rely on the system to support their best interests and provide consistent care.

H.R. 7504 – the *Rural Veterans Transportation to Care Act*

Highly Rural Transportation Grants (HRTGs) are part of a VA grant-based program that helps veterans in highly rural areas travel to VA or VA-authorized health care facilities. The grants supply funding to veteran service organizations and state veterans service agencies to provide transportation services in eligible counties. Currently, VA uses Rural-Urban Commuting Area (RUCA) codes to define rurality for its programs. However, current law (*see* P.L. 111-63 § 307) requires that HRTGs use an alternate definition of rurality, which limits eligibility to counties with fewer than seven people per square mile. Using the 2020 U.S. Census data, only 13 states currently contain counties eligible for these grants,[12] and VA's broader authority to transport veterans to care is set to expire on September 30, 2024.

[11] *See, e.g.*, Maureen Baker & Holly Jeffers, *Continuity of Care: Still Important in Modern-Day General Practice*, 66 BRITISH J. GEN. PRACTICE 396 (Aug. 2016).
[12] U.S. DEP'T OF VET. AFFAIRS, Highly Rural Transportation Grants (last visited Sept. 9, 2024), https://www.va.gov/healthbenefits/vtp/highly_rural_transportation_grants.asp.

There are nearly 2.7 million veterans living in rural areas, 280,676 of which are categorized as highly rural. Many have heightened care needs. The VA Office of Rural Health stated in their winter 2024 newsletter that rural veterans are more likely to experience serious medical issues, such as heart and lung conditions, than veterans in urban areas. Efforts to engage with these veterans include the VA Health and Benefits mobile app as well as programs which bring providers to veterans' homes, but not all services can be accessed through these programs.

Certain care needs require veterans to travel to VA facilities, which can present both financial and physical challenges. Challenges reaching points-of-care include factors ranging from the nature of their disability, dearth of public transportation, and income disparities that affect the ability to provide self-transportation. The Office of Rural Health website shows that 44 percent of rural and highly rural veterans earn less than $35,000 annually and 27 percent do not access the internet at home. Additionally, 55 percent of rural veterans are over the age of 65, though younger veterans can also face travel difficulties due to serious injuries – like traumatic brain injuries and related neurocognitive impairment – sustained during service. Many older or severely injured veterans experience mobility issues or are unable to drive long distances and currently rely on their caregivers to get them to appointments. These extensive commutes add to the stress of caring for a loved one and over time can lead to compassion fatigue, which can manifest as depression, anxiety, and exhaustion, impacting the health of the caregiver.

The *Rural Veterans Transportation to Care Act* would expand access for rural veterans to VA's HRTG Program by increasing the scope of eligibility to both rural and highly rural counties, as well as extending eligibility to tribal organizations. The bill would also increase the maximum annual HRTG funding amount from $50,000 to $60,000, or up to $80,000 for grantees to purchase an Americans with Disability Act (ADA) compliant vehicle.

The *Rural Veterans Transportation to Care Act* would deliver critical assistance more rural veterans in need of care and services at VA and provide caregivers in rural areas with much needed support. WWP supports this legislation and its goal to ensure increased accessibility to high quality health care for veterans in rural areas.

Draft legislation – to amend title 38, United States Code, to include a representative of the National Association of State Veterans Homes on the Geriatrics and Gerontology Advisory Committee of the Department of Veterans Affairs.

The VA Geriatrics and Gerontology Advisory Committee advises the Secretary of Veterans Affairs and Under Secretary for Health on all matters related to geriatrics, which centers on the care and treatment of older people, and gerontology, which focuses on the broader aspects of the aging process and their impact. The Committee is responsible for assessing the capability of VA's health care facilities and programs to meet the needs of older veterans and conducting site visits to VA's Geriatric, Research, Education, and Clinical Centers (GRECCs) to ensure they meet the goals of properly training health care staff, developing innovative methods of care, and advancing research necessary to meet the needs of an aging veteran population.

This bill would direct VA to include a representative of the National Association of State Veterans Homes with a license in nursing home administration on the VHA Geriatrics and Gerontology Advisory Committee, and to consult with the President of the Association when appointing other Committee members.

Such a perspective would be beneficial to the success of VA's long-term care portfolio and future planning. Following the Civil War, State Veterans Homes were independently established to provide care and shelter to large numbers of homeless and disabled veterans who were not able to care for themselves. Today, these state-run facilities continue to deliver nursing home and adult care for aging and – relevant to the post-9/11 generation of veterans that WWP serves – severely injured veterans. The National Association of State Veterans Homes was later established to improve the care and quality of life of aging veterans and address the needs of state homes through advocacy on a national level.

There are currently 165 State Veterans Homes providing nursing care, adult day care, and domiciliary care across the country. It is important to note, however, that many veterans receiving this care do not fit the typical "geriatric" nursing home profile, and there is an increasing need for VA's Geriatrics and Extended Care services for veterans under the age of 65. The average age of post-9/11 veterans in the U.S. is 37, and our latest annual survey shows that more than three in 10 WWP warriors require aid and assistance from another person as a result of a service-connected injury or illness and necessitate an average of 55 hours of care per week.

As the post-9/11 generation of veterans continues to age, the need for long-term support services and State Veterans Homes is likely to expand. For this reason, including a representative of the National Association of State Veterans Homes on VA's Geriatrics and Gerontology Advisory Committee would provide valuable insight to the Committee's GRECC oversight efforts and help to inform the Committee's future initiatives and recommendations to the Secretary.

Providing long-term care services to veterans who need them earlier in life is a WWP priority. We support this draft bill that would provide critical input on the Committee's future actions to address the population of younger veterans in need of long-term care and support.

Draft legislation – the *Enhancing Faith-Based Support for Veterans Act of 2024*

Faith and spirituality have long shown to aid mental and emotional well-being, especially during periods of grief, illness, or personal hardship.[13] Spirituality is a key component of how WWP defines "quality of life" in our Annual Warrior Survey, and spiritual well-being has shown to be a critical component of post-traumatic growth and provides a positive impact on warriors' mental health quality of life. Though spirituality encompasses an overall well-being related to an individual's identity and purpose in life, the makeup of identity and purpose are often greatly influenced by a person's personal beliefs and faith. Our survey also reflects that nearly 40

[13] *See, e.g.*, Daniel Gillison, Nat'l Alliance on Mental Illness, *The Intersection of Faith and Mental Health* (Aug. 19, 2022), *available at* https://www.nami.org/from-the-ceo/the-intersection-of-faith-and-mental-health/.

percent of WWP warriors cited "prayer, religion, or talking to a religious leader" as a regular tool or resource they used to help manage stress, emotional challenges, and mental health concerns.

While insights like these are encouraging, current VA patient privacy policies limit the ability of VA chaplains to connect veterans with external faith-based resources. The *Enhancing Faith-Based Support for Veterans Act* would allow VA chaplains, with the express consent of the veteran, to transmit the patient's contact information to religious or faith-based organizations following a spiritual assessment.

For many veterans, faith is an important factor in their overall mental and physical health. The emotional support provided through faith and religious community can contribute to a veteran's resiliency and recovery and should be included as an option of their holistic care program. WWP supports this draft legislation that reflects a growing recognition of the need to provide comprehensive support to veterans, including spiritual and faith-based care.

Draft legislation – to amend title 38, United States Code, to include adaptive prostheses and terminal devices for sports and other recreational activities in the medical services furnished to eligible veterans by the Secretary of Veterans Affairs.

Adaptive protheses and terminal devices allow those with limb loss to participate in a variety of sports and other recreational activities, such as running, biking, and swimming. Adaptive prostheses can be designed to fit the user's specific needs, including their activity level, strength, and flexibility, and terminal devices can be designed for specific activities, such as contact sports and other recreational activities. VA's definition of "medical services" includes wheelchairs, artificial limbs, trusses, and similar appliances, and accordingly, VA provides these devices to veterans. However, adaptive prostheses or terminal devices for sports and other recreational activities are not currently part of VA's definition of "medical services."

Although VA clinicians work with veterans to identify recreation activities and needed adaptive recreation equipment to support a veteran's rehabilitation goals, VA will not provide adaptive recreation equipment, including adaptive prostheses or terminal devices, if the purpose of the equipment is to support the veteran's participation in an activity for personal enjoyment.[14] If a veteran wishes to use adaptive recreation equipment, he or she must use it to support rehabilitation goals and, accordingly, must be enrolled in a VA rehabilitation program.

The necessity to participate in such rehabilitation programs can be a deterrent for some veterans. Veterans may not want or have the ability to devote the time required. These programs may also be repetitive in the case of new adaptive equipment to replace similar equipment for which veterans completed rehabilitation training in the past. For these reasons, some veterans may choose not to obtain adaptive recreation equipment if the process is too cumbersome, hindering a veteran's ability to maintain an active and healthy lifestyle. This draft bill would amend 38 U.S.C. § 1701 to add adaptive prostheses and terminal devices for sports and other recreational activities to VA's definition of "medical services."

[14] Prosthetic and Rehabilitative Items and Services, 85 Fed. Reg. 84245 (Dec. 28, 2020).

Improving a veteran's quality of life holistically should be the highest priority for amputees requiring prosthetics. The ability to play sports and participate in other recreational activities can be essential to a veteran's mobility and mental wellbeing. WWP has seen firsthand the positive and life-changing effects of adaptive equipment on a veteran's quality of life and mental health. Through WWP's Adaptive Sports and Soldier Ride programs, warriors learn to use adaptive sports equipment and develop athletic skills. WWP's Soldier Ride program allows veterans across the country the opportunity to engage in multi-day riding events using adaptive equipment that helps warriors build their confidence and strength through shared physical activities in a supportive environment.

Adaptive equipment promotes and supports holistic healthy lifestyles for amputees. WWP recommends that VA authorize adaptive equipment for amputees without requiring that they be enrolled in a VA rehabilitative program for the profound physical and mental health benefits provided by sports and other recreational activities.

Draft legislation – the *Service Dogs Assisting Veterans (SAVES) Act*

Under current regulations, VA does not directly provide service dogs to veterans for physical or mental health conditions. In cases where veterans are approved for a service dog related to physical or mental health limitations, they are referred to an outside agency that has been accredited by either Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF). While many of the organizations accredited by ADI and IGDF receive funding through donations and grants to offset costs, oftentimes veterans still pay fees or expenses related to obtaining a service dog. These agencies can charge fees to the veteran for application, training services, or travel expenses related to obtaining a service dog.

The *Service Dogs Assisting Veterans (SAVES) Act* would create a pilot program within VA that awards competitive grants to accredited organizations that provide service dogs to veterans, helping to ensure that any veteran in need of a service dog to improve their quality of life is not required to pay any associated costs out of pocket to obtain their service dog.

Notably, this bill contains language that would include PTSD as a qualifying condition for which grant funding can be used to provide a veteran with a service dog. Currently VA's National Center for PTSD states that "there is not enough research to know if dogs help treat PTSD and its symptoms" and maintains that VA is in the process of completing a research study to determine if having a service or emotional support dog helps individuals with PTSD.[15] However, a recent study conducted by the University of Arizona concluded that trained psychiatric service dogs may be an effective complement to usual care for military service-related PTSD.[16]

While WWP encourages more study regarding the potential impact of a service dog for a veteran with PTSD, should a veteran and their care team believe that a service dog would

[15] U.S. DEP'T OF VET. AFFAIRS, Dogs and PTSD (last visited Aug. 22, 2024), https://www.va.gov/healthbenefits/vtp/highly_rural_transportation_grants.asp.
[16] Sarah C. Leighton et al., *Service Dogs for Veterans and Military Members with Posttraumatic Stress Disorder: A Nonrandomized Controlled Trial*, 7(6) JAMA NETWORK OPEN (Jun. 2024).

contribute positively to their PTSD treatment, these grants would ensure that they can obtain that service dog from an accredited source without incurring unexpected out-of-pocket costs. Before moving forward with this draft legislation, WWP recommends that the subcommittee consider bolstering and clarifying certain language to ensure that it meets the desired outcome. First, it may be beneficial to include a list of reporting requirements to measure the success of the pilot against. Second, it may be helpful to provide more clarity on the mobility limitations considered alongside mental health diagnoses – specifically, whether this is limited to ambulatory needs or if it extends to assisting with fear or hesitation about moving in, for example, unfamiliar or crowded locations. Third and finally, it may be beneficial to provide more clarity on the diagnosis and severity of the mental health condition that gives rise to service dog eligibility (e.g., PTSD is listed in subsection j, but mental health is the term used in discussion of mobility issues in subparagraphs f and j).

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.