Elizabeth Dole Foundation
Statement of
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Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, distinguished Members of the House and Senate Committees on Veterans' Affairs, thank you for inviting the Elizabeth Dole Foundation (EDF) to submit this statement for the record highlighting our legislative and advocacy priorities for 2025.

As a national nonprofit, our mission is to empower military and veteran caregivers, their families, and their communities through programs, partnerships, and advocacy that drive innovative, impactful, and sustainable solutions. Through our numerous programs, such as our Hidden Helpers initiative for caregiver children, the Bob & Dolores Hope Fund for critical financial assistance, ,and our network of Dole Caregiver Fellows in every state, we seek to support caregivers so both they and the veterans for whom they care can thrive—reaching optimal physical health, psychological and emotional wellbeing, social connectedness, personal growth, and a sense of purpose in life. To achieve our goal of a seamless continuum of care for veterans, caregivers, and survivors, we focus on issues directly impacting caregivers as well as those of significant interest to them, including the care and services available to their loved ones.

EDF is keenly aware of the challenges, issues, and remarkable strength of the military and veteran caregiving community we are honored to serve. As we mentioned in our testimony in September 2024, the Foundation commissioned RAND to conduct a new landmark study released 10 years after their initial work, updating us on the current challenges in the military and veteran caregiver community. In response to the new RAND report and considering our own everyday experiences with military and veteran caregivers, the foundation coalesced around four interconnected pillars, which will guide our programmatic and advocacy efforts moving forward.

<u>Economic Mobility:</u>

The RAND report identified multiple factors influencing the economic stability of caregivers and the need to grow and sustain their economic mobility. Lost wages, inability to plan or save for retirement, unforeseen out of pocket expenses, and un- or under-employment because of caregiving duties all often result in financial strain and uncertainty on caregiving families. Family members often leave jobs to care for a loved one, limiting their ability to contribute to retirement plans and losing valuable professional credentials over time. They also often find that their employers simply do not recognize the reality of life at home or give them the support they need, like paid family leave or flexible work schedules. We are proud to be able to provide Emergency Financial Relief through our Hope Fund supported by the Bob and Delores Hope Foundation, but we must do more. We must give caregivers and their families the opportunity to achieve not only short-term economic stability, but also long-term economic mobility to ensure the hope of a better life for generations to come. Fortunately, there are several actions Congress can take to address this and other situations to relieve some of the financial burden facing these caregivers:

Program of Comprehensive Assistance for Family Caregivers (PCAFC). First, we ask that Congress respond to the recently published Notice of Proposed Rulemaking (NPRM) regarding the VA's PCAFC. This program, which provides vital financial and other support to those caring for veterans with the most complex needs, has been an economic lifeline. However, since March 2022, the program has been on hold while the VA reviewed concerns related to its eligibility criteria. While we appreciate that the proposed rule was finally published after almost 2 years of financial limbo for vulnerable caregivers and veterans, we have numerous concerns about the proposal. Joining over 800 public comments, EDF submitted both joint comments with other interested organizations as well as comments of our own outlining the concerns we have about the proposal. Namely, the proposed rule is, again, far too complicated and incredibility difficult to implement in a fair, transparent, and standardized manner while meeting the original intent of Congress to support caregivers of seriously injured veterans.

Below, for your consideration, please see a summary of EDF's comments in response to the NPRM:

- ○ We appreciate the VA's willingness to address the significant concerns regarding the very limiting term "Each and every time" as it applied to an individual's ADL needs included in the previous regulation. However, the term "typically requires" suggested by the VA and the graphic associated with it are ambiguous and subject to broad interpretation. Instead, we suggest that the VA use the term, "more often than not," which is language already used and understood by VA staff and more reflective of the everyday tasks of caregivers.

- The proposed rule is also lacking in transparency for the purposes of defining supervision and protection, as the criteria used to evaluate whether these definitions are met are not provided. While ADLs are very clearly defined and generally accepted, the VA has yet to provide a list in the regulation that includes (but is not limited to) a set of evaluative criteria to understand how decisions are made about who qualifies as requiring supervision and protection. Instead, those criteria and how they are scored remain behind a firewall, jeopardizing the necessary transparency for qualification, understanding, and potential appeal.

- In the NPRM, the VA rightfully asks, "What activities or tasks in addition to or other than ADLs should VA consider when determining whether a veteran or servicemember has a need for regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired?" The VA argues that Congress did not intend to include Instrumental Activities of Daily Living(IADL) when determining if an individual's ability to function in daily life would be impaired because those activities, "may be completed entirely by another individual without the veteran's or servicemember's presence or involvement." This statement is incorrect for two key reasons.

    - First, Congress did not state that that provision was only intended to apply to ADLs. By unilaterally interpreting the provision in this manner, the VA is substituting its own judgment for that of the Congress.

    - Second, caregivers, in addition to doing much of the work themselves, often provide instruction to veterans on navigating the programs and services of the VA either because the veteran has diminished capabilities due to an injury or illness, or the VA insists on speaking to the veteran and not the caregiver. Therefore, the caregiver's instruction helps to ensure access to care and services and promotes the veteran's ability to function in daily life. Whether the caregiver is providing this type of IADL care independently or in conjunction with the veteran, it must be done to ensure the wellbeing of the veteran. Without transparent consideration of IADLs, the Dole Foundation is very concerned that those caring for individuals with significant cognitive needs and severe mental health diagnoses will be found ineligible for the program, and the veterans for whom they care will go without support needed to stay inside their homes, rather than be placed in costlier institutions.

- The NPRM also states, “Personal care services that would be provided by the Family Caregiver will not be simultaneously and regularly provided by or through another individual or entity.” The Dole Foundation has been repeatedly contacted by caregivers in PCAFC who are unable to get the required additional services they need to best support the veteran due to a case mix tool that does not reflect the reality of caregiving, especially for a high-needs individual. While the case mix tool measures the need for services, again, the Dole Foundation is concerned that it is weighted against those with significant mental health and cognitive needs. Additionally, rather than viewing the vast array of clinical support programs such as Homemaker/Homehealth available through the VA as complementary to PCAFC, the case mix categorizes them as redundant, often disqualifying an individual from needed support based on individual circumstances. The Dole Foundation suggests that this language be amended to reflect the need to prevent redundant services, but to also allow for complimentary services in the best interest of the veteran.

- While the Elizabeth Dole Foundation appreciates the inclusion of Individual Unemployability as a qualifying rating, we also suggest a review of potential automatic or accelerated considerations for eligibility under “serious injury.” For example, an individual who has already been adjudicated by a court to require a guardian should not have to undergo all of the evaluations required for participation in the program. Consideration of these factors would remove certain requirements from overburdened staff, potentially lower costs, and reduce the intrusion on the veteran and caregiver.

    - In addition, EDF requests that consideration be given to the amount of demonstrated time a caregiver spends coordinating care for the veteran as part of the PCAFC assessment process. Veterans requiring degrees of supervision and protection are eligible for PCAFC, and ensuring access to health care and services should be a major consideration under this criterion.

The Elizabeth Dole Foundation also endorses the following legislative and advocacy initiatives that would positively impact the economic mobility of family caregivers:

- *Grandfather the Legacy Cohort of PCAFC Participants.* Finally, with respect to the legacy cohort of PCAFC participants—those Post-9/11 caregivers who were admitted to the program prior to September 30, 2020—they again face an uncertain future due to the pending changes in eligibility requirements. Many of these caregivers have repeatedly been found eligible for the program over the years and endured multiple pauses, regulation and leadership changes, lack of previous program standardization, and questionable assessments. While they have benefitted from the stipend, the emotional toil and financial uncertainty of not knowing whether their benefits will continue have weighed heavily on caregivers and veterans alike. Therefore, EDF asks Congress to work with the VA and relevant veteran service organizations to consider "grandfathering" this population of approximately 14,000 caregivers into PCAFC, except in cases of fraud or abuse, and allow the VA's Caregiver Support Program (CSP) to focus on its mission of supporting all generations of caregivers, rather than continuing this years-long struggle.

- *Support Opportunities for Remote Work for Family Caregivers*. Due to the nature of caregiving, remote work is often the only type of employment that serves as a viable option for caregivers. Understanding that there is a current desire, especially from the federal government, for individuals to return to the office for in-person work, we ask that Congress encourage and/or require exceptions to those policies to accommodate those family caregivers who need to work from home in the best interest of the veterans for whom they care.

- *The Credit for Caring Act(H.R. 7165/S.3702*, 118th Congress) also strongly endorsed by our partner, AARP, this legislation would offer a $5,000 tax credit to eligible working family caregivers, both veteran and civilian, to offset the over $8,500 in out-of-pocket caregiving expenses incurred every year. This legislation would remove some of the financial strain experienced by these families, especially those veterans who are either not associated with the VA or have experienced difficulty accessing the programs and services available to them and, instead, paid out of pocket for their needed goods and services.

- *The Veteran Caregiver Reeducation, Reemployment, and Retirement Act (H.R. 9276/ S.3885,118th Congress)*. For many enrolled in PCAFC, their caregiving role will come to an end, hopefully due to improvement in the veteran for whom they care, but, sadly, most often due to the passing of the veteran. This legislation would do many things to alleviate the caregiver's financial strain and anxiety, including extend enrollment in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) for up to 180 days after disenrollment from PCAFC, allow the VA to pay caregivers up to $1,000 to maintain professional licensure, study the feasibility of establishing a retirement plan for family caregivers, and study the barriers and incentives to hiring former family caregivers to work for the VA.

  While EDF strongly endorses this legislation, we also suggest an amendment to help alleviate a current inequity related to retirement planning for non-spouse caregivers—approximately 18,000 enrolled in PCAFC because they care for their service-disabled child. The VA offers a program called Dependency and Indemnity Compensation (DIC), a monthly tax-free monetary benefit offered to eligible survivors. This program is often a financial lifeline for those who are eligible, and spouse survivors are rightfully not subject to an income threshold. Parent caregivers, however, are subject to an annual income threshold, in some cases as low as approximately $18,000.

  For example, Christine Cooley of Florida cared for her severely combat-injured Marine son, Josh, until he passed away just over a year ago. As a single mother, she was his caregiver for 17 years following his severe injuries. Now at age 73, she is unable to return to work. Because she is a parent, she is subject to the DIC income limit, and her $23,000 annual social security payment exceeds the threshold. With Social Security now her sole source of income, she has lost the home she shared with her son, compounding her grief and sense of loss.

As Congress considers this legislation, EDF requests that the Committees consider abolishing or greatly increasing the DIC income limits for non-spouse caregivers enrolled in PCAFC, allowing them to plan for retirement and leaving them far less financially vulnerable when their caregiving roles come to an end.

Mental Health and Wellness/Youth Support

The second and third strategic pillars identified by EDF are a need to strengthen the emotional and mental well-being of the caregiver and to improve support and outcomes for caregiving youth and families. As noted in the September 2024 RAND report, while the economic value of military and veteran caregivers is tallied at a minimum of $114 billion in unpaid care (costs for which the federal government would otherwise be responsible), the mental health toll is tremendous, with 43% of those caring for a veteran age 60 or under meeting the criteria for depression, and a staggering 22% of that same population reporting suicide ideation. Thirty-six percent of those caregivers reported needing mental health treatment in the last year but not receiving it, mostly because they lacked the time to do so or feared how being hospitalized or taking medication would impact their ability to care for their loved one. The good news is that we, as a society, have raised awareness of the need to identify mental health needs. Now we need to identify ways to address them more easily.

At the same time, 40% of military and veteran caregivers are also raising a child, and 39% of those children help with at least one caregiving task. It is important to note that, in addition to assisting with ADLs like administering medication and feeding, young children are learning to modify their behavior to avoid “triggering” their veteran Supporting these families and ensuring safe households for veterans and their families is not only the right thing to do; it is also the smart thing to do, as many of these children often grow up with a desire to serve in the military themselves. Keeping these data in mind and to ensure better outcomes for caregivers, the veteran, and the entire family, the Elizabeth Dole Foundation recommends and endorses the following:

- *Expand Access to mental health care beyond those enrolled in PCAFC*. While caregiving for a loved one can be incredibly rewarding for the caregiver and often is vital for the wellbeing of the veteran, the mental health toll on caregivers can be daunting. The recent availability of mental health support for veteran caregivers enrolled in PCAFC through the VA has served as a lifeline for many who previously struggled without access to care. Additionally, the community-based grants made available for caregivers enrolled in PCAFC will help get support to those in need closer to where they live. However, given the mental health needs across the larger caregiver population, we urge Congress to work with the VA and stakeholder organizations to find other means of identifying caregivers who could benefit from ongoing mental health support, especially those enrolled in the Program of General Caregiver Support Services (PGCSS).

- *H.R. 8165 VA Marriage and Family Therapists Equity Act(H.R. 8165, 118th Congress)*. This legislation would expand access to professional therapists for caregivers and veterans by removing an outdated licensing requirement that limits the availability of appropriate qualified therapists. We know from the RAND report that, due to the nature of caregiving and the general stress on families today, marriages, families, and children need support. This legislation would go a long way toward addressing the availability of needed therapists.

- *Identify/Develop a scale to accurately measure the caregiving intensity of those caring for individuals with mental health and cognitive disorders*. The RAND report notes that while scales exist to measure caregiver intensity, they may be biased in how they are constructed by assigning higher intensity levels to those providing support with Activities of Daily Living, such as helping care recipients bathe or dress, than to those caring for individuals with mental health and cognitive deficits. Given that the report cites a higher incidence of mental health and cognitive issues for veteran and service member age 60 or younger, as well as a higher incidence of mental health needs among their caregivers, it is important that a scale be developed to accurately measure their caregiving intensity, so we may better understand and attend to their needs.

Foster Supportive Care Ecosystems for Veterans and their Caregivers

Given the expansive nature of RAND's report, as well as our daily experience with caregivers, the fourth strategic pillar identified by the Elizabeth Dole Foundation is the need to foster supportive care ecosystems for veterans and their caregivers to ensure the remaining needs of this population are met. This strategic pillar includes a focus on improvement and increased access to programs and services across multiple sectors that enhance and promote both the whole health of the veteran, their caregiver, and their family. We note that, while potentially eligible, veterans and their caregivers must navigate a complex array of benefits and services to find the right "Easter Egg" and often are not aware of programs that could benefit them. In addition, there are gaps and outdated restrictions on many programs that limit access to those in need. The near constant effort to identify resources and advocate on behalf of the veteran can weigh heavily on both the caregiver and veteran. In recognition of this struggle and the effort to improve the care ecosystem in the clinical setting, in the home, and in the community, the Elizabeth Dole Foundation recommends the following:

- *Enhanced Care Coordination and Case Management for those with the Most Complex Needs*. As noted above, the lack of care coordination, especially for those with the most complex needs, continues to be an ongoing challenge for veterans and caregivers alike. As part of our Foundation's Resource Navigation Program, we regularly hear from caregivers who spend hours every day trying to access the care and benefits their veterans need and earned, to varying degrees of success. Simply connecting veterans to these programs that already exist, like Veteran Directed Care, PCAFC, Home Maker/Home Health Aide, etc., promotes better outcomes and provides needed support to caregivers without the addition of costly programs. Therefore, we support the following:
    - Further discussion of and passage of the *Coordinating Care for Senior Veterans and Wounded Warriors Act(H.R. 668/S.506),* The VA is in the process of implementing

its new Care Coordination and Integrated Case Management (CC&ICM) program, which has been helpful for some veterans where it is available, but there is still a need to provide further elevated services for those with the most complex needs. This legislation creates a pilot program to offer a higher level of assistance for those who need it, and is a firm step forward in the establishment of more effective care coordination. We look forward to continuing to work with the Committees on this important issue.

- *Helping Heroes Act(H.R.5904/S.622, 118th Congress)*, introduced by Senators Murray and Boozman in the 118th Congress, which requires a full-time Family Support Coordinator at each VA medical Center and directs the VA to collect data on veteran families to better understand their needs. In the recent past, the VA prioritized the establishment of Family Support Resource Coordinators at each VA medical center, but the position was put on hold as a result of a funding shortfall. These resource coordinators would help connect families and caregivers to the right resources both inside and outside of the VA, potentially providing long-term cost savings by proactively connecting families with needed services earlier in their journey and therefore preventing problems from getting worse.
- *Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025(H.R. 740/S275)*. While the Elizabeth Dole Foundation strongly supports the availability of direct care and services through the VA, we also recognize that there are times when a veteran's specialty care needs and capacity limitations require the availability of care through the Community Care Network. This legislation would, among other things, establish baseline access standards for community care, including residential rehabilitation programs, and ensure that a veteran's preference and continuity of care are considerations for access to the community.
- *CHAMPVA Children's Care Protection Act of 2025(H.R.1404)*. When the Affordable Care Act was signed into law in 2010, it required private-sector health plans to allow children to stay on their parents' insurance until they are 26 years old, but this coverage was not extended to military or veteran health coverage. This legislation

    fixes that inequity and raises the maximum age of eligibility for dependents in CHAMPVA from 18 to 26, putting this program in line with others.
    - The establishment of a case management and social work lead at the VISN level who could help to coordinate training, standardize services, and serve as a point of contact when challenges arise that are unable to be resolved at the medical center level.
- *Expansion and Further Adoption of the Campaign for Inclusive Care*. EDF partnered with the VA in 2018 to train clinicians and staff on the practice of caregiver inclusive care through our Campaign for Inclusive Care. The program is intended to improve health outcomes for the veteran, reduce the stress and burden on the caregiver, and reduce burnout on the part of providers as a result of more effective visits. CIC also shows promise in reducing VA costs by minimizing ER visits and increasing medication adherence, promoting better outcomes for the veteran and family. This joint program has been well received across VISNs and veterans and caregivers would benefit from its further adoption throughout clinical services.

- *Efficient and Safe Deployment of the Electronic Health Record*. As part of our goal to achieve a seamless continuum of care for veterans and caregivers, the Elizabeth Dole Foundation supports the deployment of a system that maximizes efficiency while prioritizing patient safety.

- *Oversight of the Implementation of the Pathway to Advocacy*. Section 129 of the Dole package requires the Secretary of Veterans Affairs establish a process to recognize organizations able to assist veterans, caregivers, and survivors in navigating the services of the Veterans Health Administration. Similar in concept to Veteran Service Organizations that assist veterans in filing claims through the Veterans Benefits Administration, the Pathway to Advocacy will allow organizations to help connect those in need with vital services available through VHA. The expedient and thorough implementation of this provision will complement the VA's social work services and allow organizations, often with years of experience navigating these services informally, assist veterans and families in a more formal manner.

- *Oversight of the Implementation of the Removal of Expenditure Cap*. Probably most urgently, Section 120 of the Dole package removed the 65% cap on non-institutional care expenditures and is vitally important to the most severely injured and ill veterans and their caregivers. Prior to the welcome passage of the legislation, veterans either had to pay for needed in-home care out of pocket or go without supportive services, often significantly increasing the burden on their caregiver. As a result, in some cases, desperate veterans were asking to have their tracheostomy tubes removed, thus ending their own lives, to avoid being a further burden on their families. EDF requests the immediate implementation of this provision to avoid these types of tragic situations.

- *Oversight and Clarification of Access to Clinical Support/Home-Based Services*. In addition to the CSP, the VA has many programs that, if accessed, benefit caregivers both directly and indirectly, most of housed under Geriatric and Extended Care (GEC). At the Elizabeth Dole Foundation, we often witness the positive things that can happen when veterans and caregivers are connected by caring and passionate providers and social workers to the programs and services they need to enhance their care and their quality of life. Additional respite services, Veteran Directed Care, Home-Based Primary Care, and the Homemaker Home Health Aide (HHA) programs are just some of the programs that support veterans in their homes and can serve as a lifeline for veterans and caregivers in need.

  The Veteran Directed program, for example, has incredibly high satisfaction rates when utilized correctly. The program, a joint offering from the VA and the Department of Health and Human Services, offers veterans and caregivers greater choice and control over their care and services. In theory, they can use the program to hire familiar friends and family to provide unskilled care—especially important to those with mental health needs and traumatic brain injuries—provide transportation to and from appointments, hire skilled care when needed, and provide other goods and services. They can supervise their own employees and hire support during the hours that are needed, rather than being held subject to agency hours and restrictions. In addition, this program has been incredibly helpful to those who struggle with getting appropriate care in their homes either due to contracted agency employee absences or the general dearth of HHA providers around the country.

Unfortunately, as mentioned above in the Foundation's comments regarding the NPRM, gaining access to these programs is often incredibly difficult for veterans and caregivers alike. Sometimes, the veteran or family member is simply unaware of the available program and overwhelmed social workers/providers fail to refer for potential services—a situation where the pathway to advocacy could be very beneficial. In many instances, however, the veteran and caregiver are subject to a "case-mix tool" that determines their eligibility for services. The veteran must rate high enough on the case mix tool to warrant services, and if the veteran is seeking services under multiple programs(i.e. PCAFC and Veteran Directed), they must rate even higher. While it makes sense for the VA to ensure that a veteran is not utilizing redundant services, the current case-mix does not truly allow for complementary services, in many cases, for those who need it most.

For example, Shawn Lopez, is a Dole Caregiver Fellow from Maryland who cares for his service-disabled veteran father. In addition to other diagnoses, Shawn's father fights stage four cancer, lives with severe cognitive deficits resulting from a major stroke, and suffers from progressive dementia. He has been rated by the VA as 100% permanently and totally disabled and requires constant supervision for safety. Shawn is eligible for and enrolled in PCAFC (for which he is paid approximately $40,000 annually) but sought additional support in the home due to further decline and caregiver burnout. To be clear, if Shawn were not providing around-the-clock care, his father would require very costly institutional care (approximately $146,568 annually in Maryland for a semi-private room) for which the VA would be responsible.

Due to the nature of his father's cognitive deficits, Shawn sought services through the Veteran Directed Program because he could hire individuals with whom his dad is at least familiar, and who could work outside of an agency's regular hours of availability. Because Shawn is enrolled in PCAFC, the case-mix tool was employed to determine his dad's level of eligibility for services. Even with all of the diagnoses mentioned above and despite his constant need for supervision for safety, Mr. Lopez scored very low on the case mix tool – far too low to qualify him for concurrent enrollment in PCAFC and VDC. After much research and advocacy on his own, Shawn learned that the scoring algorithm for the case mix tool used widely across the VA is weighted heavily toward those in need of assistance with activities of daily living (ADL's) and mostly excludes scoring consideration for the impacts of cognitive and mental health diagnoses. It was not until Shawn's father fell down the stairs and broke 5 ribs that he even came close to qualifying for the case mix score needed for concurrent enrollment. Fortunately, after a significant amount of effort on Shawn's part, and further medical documentation, Mr. Lopez was eventually rated at the necessary level. Again, however, that was only after he met the very high ADL threshold, even though he would have required institutionalization for his cognitive deficits alone. If Mr. Lopez recovers and improves in only one out of eight ADLs, he will no longer qualify for VDC.

Not only is it wrong to deny family caregivers the complementary support services they need to care for their loved ones, it also doesn't make any fiscal sense to operate in this manner. As mentioned above, Shawn's stipend through PCAFC is approximately $40,000 annually whereas a skilled nursing facility is far more expensive. Therefore, EDF asks Congress to work with relevant organizations and the VA to provide oversight to this process and ensure caregivers are well-supported and, if so desired, veterans are able to stay in their homes as long as it is medically appropriate.

Conclusion

Fortunately, while much work remains to be done, many of the issues outlined in RAND and addressed in our 4 strategic pillars were addressed in some way with the passage of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* late in the 118th Congress. The Foundation thanks both Committee Members and their staffs as well as Leadership of both parties in the House and Senate for their hard work and dedication to finding common ground to achieve final passage. The removal of the 65% cap on non-institutional care, establishment of an assisted living pilot program, the establishment of a pathway to advocacy to help connect veterans and caregivers to needed resources in VHA, the authorization of community-based grants to support caregivers' mental health, expanded education benefits for survivors, and the expansion of home and community based resources at every VA medical center are all integral to the health and well-being of veterans, caregivers, and survivors.

However, in addition to delays that normally occur during any presidential transition, we are deeply concerned that the current federal staffing reductions, the hiring freeze combined with the VHA budget shortfall identified in the previous Administration and offers of deferred resignations for federal employees will greatly impact the ability of the VA to provide its vital direct services generally and implement the provisions of the Dole package specifically--positions that may not seem vital to some, are critical to others. For example, the Caregiver Support Line which provides access to information on both the program itself, PCAFC appeals, and information about other resources beneficial to caregivers and families receives approximately 700 calls each weekday from caregivers seeking information. It was recently announced that the support line would cut its hours of service. Specifically, in addition to other cuts, the support line will now stop operations at 8pm EST which is fairly reasonable for those on the East Coast. However, those on the West Coast will end at the same time(5pm PST), meaning those who must work outside of the home in addition to their caregiving duties will be unfairly limited in the availability of after-hours support. We understand that those working for the support line were eligible for the deferred resignation offer, but the VA is unable to replace them because they are not exempt from the hiring freeze.

In addition, with 4,600 VA researchers on time-limited appointments and an estimated 350 facing termination in the coming months, the federal hiring freeze could stall critical advancements in pain management, PTSD treatments, and therapies for conditions like cancer and traumatic brain injuries. For veteran families and caregivers, these breakthroughs are a lifeline and should not be considered a luxury. Delayed research means fewer options for those caring for veterans with complex medical needs, fewer treatment advancements to ease their daily challenges, and fewer answers for families desperately seeking cures.

During the debate on the Dole package, EDF and others argued that the CCN provisions were necessary to serve as a "release valve" to ensure veterans were able to receive necessary treatment while we as a community discussed and determined the appropriate balance of direct care and care in the community. While we understand that the realignment of resources and staff often needs to happen, we are concerned that the current process does not allow for the careful review and implementation necessary to ensure services for the most vulnerable are not interrupted.

The Elizabeth Dole Foundation thanks the Members of both Committees for the opportunity to testify today. We look forward to working with you and the Administration during the 119th Congress for the benefit of veterans, caregivers, and survivors.