



**WOUNDED WARRIOR PROJECT**

**Statement of:  
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**Submitted for the Hearing to Consider Pending Legislation:**

*S. 214, Monetary Enhancement for Distinguished Active Legends Act of 2025; S. 219, Veterans Health Care Freedom Act; S. 506, Coordinating Care for Senior Veterans and Wounded Warriors Act; S. 585, Servicemember to Veteran Health Care Connection Act; S. 599, Driver Reimbursement Increase for Veteran Equity Act of 2025; S. 605, CHAMPVA Children's Care Protection Act; S. 635, Veterans Homecare Choice Act of 2025; S. 649, Guard and Reserve GI Bill Parity Act; S. 778, Lactation Spaces for Veteran Moms Act; S. 784, Rural Veterans Transportation to Care Act; S. 800, Precision Brain Health Research Act of 2025; S. 827, Supporting Rural Veterans Access to Healthcare Services Act; S. 879, Veteran Caregiver Reeducation, Reemployment, and Retirement Act; S. 1318, Fallen Servicemembers Religious Heritage Restoration Act; S. 1320, Servicewomen and Veterans Menopause Research Act; S. 1383, Veterans Accessibility Act; S. 1441, Service Dogs Assisting Veterans (SAVES) Act; S. 1533, VA License Portability Act; S. 1543, Veterans' Education, Transition and Opportunity Prioritization Plan Act; S. 1591, Acquisition Reform and Cost Assessment Act of 2025*

**COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE**

**May 21, 2025**

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veterans' Affairs – 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 231,000 registered post-9/11 warriors and 57,000 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.

**DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE**



### **S. 219: Veterans Health Care Freedom Act**

Since the passage of the *VA MISSION Act* (P.L. 115-182), community-based health care has endured as a necessary complement to direct VA health care. Extending VA's ability to provide veterans with timely access to quality care, the community care network has had a heightened impact for groups like rural veterans, women veterans, and veterans live in communities where certain specialty care is not in high enough demand for VA to employ its own providers. While VA authorizes eligible veterans to receive health care from community providers, this is only an option once VA has determined that the veteran meets certain conditions and eligibility requirements and has received approval from a VA provider for the specific care needed. This process can take final decision-making authority out of the hands of the veteran and their trusted care team, and places it in the hands of VA administrators.

The *Veterans Health Care Freedom Act* would establish a three-year pilot program through the VA Center for Innovation for Care and Payment in no less than four Veterans Integrated Service Networks (VISNs) during which participating veterans may elect to receive hospital care, medical services, and extended care services at any provider in the covered care system without consideration for current eligibility requirements or the VISN that they reside in. Notably, this would include mental health care, and the veteran may also choose to move their care coordination to a primary care provider outside of VA.

Wounded Warrior Project supports VA's role as coordinator of care in a dynamic health system that requires coordination with community-based providers; however, veterans and their family support members should be at the center of the decision-making process. This legislation would create a truly open marketplace that allows veterans to "vote with their feet" regarding when and where they receive their care – a departure from the current VA healthcare system model, but one which could generate data and the first real metrics concerning veteran choice given current limits on access to community care. This data could be used to better inform future policy decisions for both community and VA direct care moving forward. As an important caveat, this legislation would require VA to provide veterans with all relevant information prior to making decisions about when and where to receive their care.

While WWP supports the overall intent of piloting a program to give veterans more health care decision-making power, we are concerned about the provision that would amend 38 U.S.C. §1703(d) and §1703A(a)(1) to make these changes permanent and VA-wide following the conclusion of the pilot program. We believe proper consideration and review should be given to the data and outcomes from the pilot program prior to any system-wide implementation to ensure that the program can be successfully scaled up and more importantly, can efficiently and effectively meet the needs of all veterans enrolled in VA healthcare. While the included reporting requirements will provide oversight opportunities, we believe any nationwide implementation should not take place until Congress, VA, and veteran stakeholders are given the opportunity to fully understand the impact these changes will have on VA staffing, budget requirements, and direct care abilities. WWP recommends removal of Section 2 (h)(2)(A) and (h)(2)(B) to allow for this review prior to implementation. Additionally, we are concerned by the size and scope of the pilot and the impact it can have on the overall VA healthcare ecosystem. By requiring that no less than four (of 18 total) VISNs participate in the pilot, it

stands to reason that no less than 20 to 25 percent of VA patients would become eligible to participate. Change at such scale could significantly challenge VA's ability to project cost and medical personnel needs.

### **S. 506: *Coordinating Care for Senior Veterans and Wounded Warriors Act***

The Veterans Health Administration (VHA) and Medicare are independent systems that each provide separate and distinct health care benefits to enrollees. Certain veterans, including those over the age of 65 and younger veterans with certain disabilities, including catastrophic injuries, may qualify for coverage under both VHA and Medicare.<sup>1</sup> According to a 2024 survey of VA enrollees, half (50 percent) reported also having Medicare coverage.<sup>2</sup> Eligible veterans may benefit from participating in both healthcare systems for including expanded coverage, more options, and convenience.

While enrollment in both healthcare systems can help veterans take advantage of the best options for care, dual enrollment may also lead to confusion about which to use for specific health needs and challenges coordinating information and medical records between the two providers. Moreover, VA and Medicare providers may not be aware of the care received through the other system and may require duplicative tests or procedures, leading to unnecessary costs, additional time committed to appointments (for both patients and providers), and reduced quality of care for veteran patients.

Warriors participating in WWP's most recent Warrior Survey identified cost and care coordination as priorities in accessing healthcare; with approximately 20 percent of warriors reporting care coordination or patient advocacy as one of the top five factors most important in selecting healthcare.<sup>3</sup> Additionally, care coordination is particularly vital for warriors with catastrophic injuries, such as those served by WWP's Independence Program. This program provides long-term support for wounded warriors living with injuries that impact their independence, such as moderate to severe brain injury, spinal cord injuries, and neurological conditions. Many of these warriors use Medicare earlier in life because of catastrophic injuries from military service. In fact, five percent of VA enrollees under the age of 45 have Medicare coverage, and 15 percent of VA enrollees between the ages of 45-64 have Medicare coverage.<sup>4</sup>

The *Coordinating Care for Senior Veterans and Wounded Warriors Act* would require VA to establish a three-year pilot program to coordinate, navigate, and manage care and benefits for veterans who are enrolled in both VHA and Medicare. The pilot program, which would be administered through VA's Center for Innovation for Care and Payment, would be conducted at three to five Veterans Integrated Service Networks (VISNs), including ones in rural and medically underserved areas. Each veteran participating in the pilot program would be assigned a case manager to develop a personalized care coordination plan and provide the veteran assistance with navigating and accessing care.

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<sup>1</sup> CTRS. MEDICARE & MEDICAID SVCS, *Original Medicare (Part A and B) Eligibility and Enrollment* (last modified Jan. 8, 2025), <https://www.cms.gov/medicare/enrollment-renewal/original-part-a-b>.

<sup>2</sup> U.S. DEP'T OF VET. AFF., 2024 SURVEY OF VETERAN ENROLLEES' HEALTH AND USE OF HEALTH CARE (Jan. 2024), *available at* <https://www.va.gov/VHASTRATEGY/SOE2024/SOE24.pdf>.

<sup>3</sup> To review WWP's Warrior Survey in more detail, please visit <https://www.woundedwarriorproject.org/mission/warrior-survey>.

<sup>4</sup> U.S. DEP'T OF VET. AFF., *2024 Survey of Veteran Enrollees' Health and Use of Health Care*.

Under this legislation, VA would track metrics for the pilot program, including the number of participating veterans; veterans' reliance on VHA and Medicare services, respectively; cost of care; access to and quality of care; patient outcomes; patient and provider satisfaction; and care coordination, including timely information sharing and medical documentation return. VA would also track the type of services provided and the care which is related to a service-connected disability. VA would be required to submit quarterly reports to Congress on implementation and results, and a final report recommending whether the pilot should be made permanent.

The proposed pilot program would offer an innovative way to help these warriors navigate and manage care received through both systems and improve access to and quality of healthcare services, enhance care outcomes, reduce costs, eliminate service gaps and duplications, and improve care coordination. For these reasons, WWP strongly supports the *Coordinating Care for Senior Veterans and Wounded Warriors Act*.

### **S. 585: Servicemember to Veteran Health Care Connection Act of 2025**

The process of transitioning from military service back to civilian life, a change that roughly 200,000 Service members undergo each year,<sup>5</sup> is a challenging time for every individual who goes through it regardless of their rank, branch of service, or time spent in uniform. The challenges they face are not limited to simply finding a new source of income or a new place to live – many transitioning Service members are also leaving behind years of career advancement, established social support networks, and the care made available to them through the Department of Defense (DoD) healthcare system. These changes often provide the biggest stressors and disruptions during the transition period and serve as a list of areas that can be addressed with enhanced programs and services to help transitioning Service members.

In its 2024 National Veteran Suicide Prevention Annual Report<sup>6</sup>, VA's Office of Suicide Prevention found that veterans who have recently transitioned are at a higher risk for suicide than the general veteran population, particularly those who have dealt with mental health or substance use issues prior to separation. This, combined with the fact that only 7 of the 17.6 veterans who commit suicide every day were receiving VA care, underscores the critical need to ensure those transitioning back to civilian life are provided a simple and efficient path to the VA benefits that they have earned, and may very well help to save their lives.

The *Servicemember to Veteran Health Care Connection Act of 2025* would require VA to pre-register all transitioning Service members into the VA health care system during their final year in uniform ensuring that if they choose to enroll after separation, the process will be more efficient and less burdensome. It also requires that Service members participating in the DoD Transition Assistance Program (TAP) be informed about this pre-registration process and how to complete enrollment after separation. Additionally, this legislation would improve efforts to connect veterans to VA services after discharge, requiring VA to conduct proactive outreach as

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<sup>5</sup> U.S. DEP'T OF VET. AFF., TRANSITION PROGRAMS, Transition Assistance Program (last updated Feb. 18, 2025), <https://discover.va.gov/transition-programs/transition-assistance-program/>.

<sup>6</sup> U.S. DEP'T OF VET. AFF., 2024 NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT: PART 1 OF 2: IN-DEPTH REVIEWS (2024), available at [https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-1-of-2\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-1-of-2_508.pdf).

part of the VA Solid Start program and beyond, both encouraging and assisting veterans to complete the enrollment process. Notably, Service members would only be pre-registered for VA care, which would not represent a commitment to enroll or entitlement to benefits without completing the process – final determinations would come at a later date after the individual is provided with additional relevant information.

Wounded Warrior Project believes a healthy transition is an essential part of creating a healthy warrior. We also believe that this process requires collaboration between VA, DoD, and the community to ensure that all the unique needs of each transitioning Service members are met. WWP supports the *Servicemember to Veteran Health Care Connection Act of 2025* and its intent to better foster collaboration between DoD and VA during the transition process, simplify VA health care enrollment, and increase proactive outreach to those veterans who have yet to engage with VA services.

### **S. 599: *Driver Reimbursement Increase for Veteran Equity (DRIVE) Act***

Access to healthcare is a critical issue for veterans, particularly those who reside in rural or underserved areas where traveling to VA medical facilities can be a significant burden. For many, the cost of long-distance travel for care is compounded by the rising expenses associated with operating a personal vehicle – costs such as gas, maintenance, and insurance premiums. Unfortunately, the current mileage reimbursement rate provided by VA has not kept pace with these increasing costs, leaving veterans to shoulder a greater financial burden.

VA's current mileage reimbursement rate, set at \$0.41 per mile, has remained unchanged since 2010, despite significant increases in the cost of vehicle operation, including rising gas prices, maintenance costs, and insurance premiums. In contrast, the GSA reimbursement rate for federal employees has increased to \$0.70 per mile. This discrepancy disproportionately affects veterans in rural and underserved communities where long-distance travel is often the only option to receive VA healthcare services. The *DRIVE Act* would correct this disparity by ensuring that the VA's reimbursement rate aligns with the GSA rate, helping to ease the financial strain on veterans.

In addition to aligning the reimbursement rate with federal standards, the *DRIVE Act* includes provisions to ensure that reimbursements are processed in a timely manner. Veterans currently experience delays in receiving their travel reimbursements, which can create additional financial strain and uncertainty. By mandating that reimbursements be processed within 90 days of submission, this effort would provide much-needed relief to veterans, ensuring they are not left waiting for reimbursement while they continue to bear the financial burden of travel for care.

Wounded Warrior Project supports the *DRIVE Act*. Passing this legislation would demonstrate a strong commitment to ensuring that veterans are treated with fairness and respect by addressing a longstanding issue that can affect veterans' health care decisions. Aligning VA's reimbursement rate with the GSA standard would help ensure that veterans receive fair compensation for the travel required to access their health care.

### **S. 605: CHAMPVA Children's Care Protection Act of 2025**

VA's Civilian Health and Medical Program (CHAMPVA) provides comprehensive health care benefits for dependents of permanently and totally disabled veterans, survivors of veterans who died as a result of a service-connected disability, and, in some cases, survivors of Service members who died in the line of duty. Under current law, a child of a veteran loses their eligibility for CHAMPVA at age 18. Children who are students remain eligible until age 23, unless they marry.

After the *Affordable Care Act* (P.L. 111-148) was signed into law in 2010, private-sector health insurance plans were required to allow children to remain on their parents' insurance until the age of 26. This provision was later added to TRICARE in 2011 but was never extended to families using VA health care. The *CHAMPVA Children's Care Protection Act* would extend the maximum age for children eligible under the CHAMPVA program to the age of 26, regardless of their marital status.

According to a 2024 RAND report, approximately 2.3 million children under the age of 18 live with a veteran who is wounded, ill, or injured. These children frequently need to assist with the care of their veteran parent from a young age, which can result in stress that heightens their risk of developing physical and mental health conditions themselves. The report also found that nearly a quarter of military and veteran child caregivers experienced the need for mental health treatment within the past year.<sup>7</sup> As the needs of disabled veterans tend to increase with age, children often assume more caregiver responsibilities over time. This can lead to exhaustion and other conditions that negatively impact their health as they enter adulthood and take on additional commitments, such as higher education, careers, and family life. Extending the eligibility for CHAMPVA would help ensure their continued access to quality care during what is often a difficult transition period.

This bill seeks to bring health care benefits for eligible children of disabled veterans in line with what other families on private sector plans are already receiving. WWP recognizes the challenges faced by this population and the importance of ensuring their physical and mental health needs are also met. We support this legislation and appreciate the associated vision of improving the quality of life for the children of our nation's veterans by extending their access to the care and support they need.

### **S. 635: Veterans Homecare Choice Act of 2025**

In March 2023, the Home Care Association of America (HCAOA) released a report, which found that the "workforce shortage in home-based care has reached crisis proportions."<sup>8</sup> An October 2024 *Harvard Public Health* article similarly identified that demand for home care

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<sup>7</sup> Rajeev Ramchand et al., *America's Military And Veteran Caregivers: Hidden Heroes Emerging From The Shadows*, RAND (2024), available at [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RRA3200/RRA3212-1/RAND\\_RRA3212-1.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RRA3200/RRA3212-1/RAND_RRA3212-1.pdf).

<sup>8</sup> *The Home Care Workforce Crisis: An Industry Report and Call to Action*, HOME CARE ASSOC. OF AMERICA (Mar. 2023), <https://www.hcaoa.org/workforceaction.html>.

workers is far exceeding supply, with a 4.6 million job deficit predicted by 2032.<sup>9</sup> This labor shortage, driven by a growing number of older adults and increased longevity, is also impacting veterans' ability to find at-home health care providers and has created challenges as VA continues to expand access to long-term care in noninstitutional settings.<sup>10</sup>

One way that veterans may connect with homecare professionals is through nurse registries, which serve as referral services to connect patients with independent contractors. Prior to 2018, VA provided reimbursements to veterans who employed a homecare professional through a nurse registry. However, following establishment of the Veterans Community Care Program (VCCP) through the 2018 *VA MISSION Act* (P.L. 115-182), nurse registries are no longer recognized as eligible service providers, making any caregivers hired through nurse registries ineligible for reimbursement. VA currently uses the Community Care Network (CCN) of licensed providers to purchase care for veterans, and only home care companies in the CCN are eligible to provide covered services.

The *Veterans Homecare Choice Act* seeks to amend 38 U.S.C. § 1730 to make nurse registries eligible for the CCN, reinstating nurse registries as eligible providers and restoring veterans' access to homecare professionals operating as independent contractors. The bill defines a nurse registry as an entity that procures contracts or other agreements on behalf of registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, or homemakers, and receives compensation for such services. The bill also requires that nurse registries comply with any relevant state licensure requirements.

The *Veterans Homecare Choice Act* would improve access to care for veterans struggling to find at-home health care providers as labor shortages limit the capacity for long-term care. It would also expand options for aging veterans and younger veterans with long-term care needs seeking to live independently in their own homes. Younger veterans with long-term care needs are often overlooked. Many younger veterans prefer not to live at nursing home facilities that may not feel age appropriate. Noninstitutional care can prevent or delay the need for nursing home care, allowing younger veterans to remain in their homes while also representing significant cost savings for VA. WWP supports the *Veterans Homecare Choice Act of 2025*, particularly for the impact it will have on younger veterans with heightened health challenges, who are bringing care into their homes earlier in their lives.

### **S. 778: *Lactation Spaces for Veteran Moms Act***

Veterans – particularly women – encounter unique challenges when transitioning from military service to civilian life, including the ongoing struggle to access adequate lactation spaces, even in VA facilities. Currently, many VA facilities lack these necessary accommodations, discouraging mothers from breastfeeding, which is one of the most beneficial and cost-effective forms of infant nutrition. With 1,380 facilities across the nation, including 170 medical centers and over 1,100 outpatient clinics, VA is the largest integrated healthcare

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<sup>9</sup> Liz Seegert, *Could Worker Cooperatives be a Fix for the Home Care Worker Shortage*, HARVARD PUBLIC HEALTH (Oct. 16, 2024), <https://harvardpublichealth.org/policy-practice/us-direct-care-worker-demand-outstrips-supply-can-co-ops-help/>.

<sup>10</sup> U.S. GOV'T ACCOUNTABILITY OFF., GAO-20-284, VA HEALTH CARE: VETERANS' USE OF LONG-TERM CARE IS INCREASING, AND VA FACES CHALLENGES IN MEETING THE DEMAND (2020), available at <https://www.gao.gov/assets/gao-20-284.pdf>.

system in the country. Despite this extensive infrastructure, many facilities still lack lactation spaces even though safe, private, and designated lactation spaces are essential for supporting veterans and their children.

The *Lactation Spaces for Veteran Moms Act* seeks to address this gap by mandating the establishment of private, clean, and accessible lactation spaces within VA facilities. These spaces will ensure that veterans who are breastfeeding or pumping can do so in a safe and dignified manner, reducing barriers to breastfeeding and supporting better health outcomes for both mothers and their children. The bill implicitly recognizes that many new veterans are balancing family life while transitioning back to civilian life, making access to these spaces even more critical for a smoother and healthier transition.

This legislation also encourages VA facilities to design lactation spaces based on the specific needs and experiences of women veterans, especially those who may face additional challenges like PTSD or other service-connected disabilities that complicate the postpartum experience. Access to lactation rooms is not just a convenience but a basic healthcare issue, as it significantly impacts mental and physical health outcomes for both mothers and infants. Studies show that access to proper lactation support is linked to increased breastfeeding rates and improved infant health, ultimately reducing long-term healthcare costs.<sup>1112</sup>

Wounded Warrior Project supports the *Lactation Spaces for Veteran Moms Act* and urges its swift passage. This bill would help ensure that VA facilities are equipped to meet the unique needs of women veterans – particularly new mothers. By supporting breastfeeding veterans, we not only help improve their health outcomes but also foster a more inclusive and supportive VA healthcare system for all veterans.

### **S. 800: Precision Brain Health Research Act**

Veterans returning from combat or living with service-connected injuries often face invisible wounds that persist long after their time in uniform. Since 2000, U.S. forces in various locations worldwide have experienced more than 515,885 traumatic brain injuries (TBIs).<sup>13</sup> Individuals diagnosed with a TBI may continue to suffer from lasting effects that overlap with mental health conditions, substance use disorders, and chronic physical symptoms. These complex and interconnected challenges demand a more precise, data-driven approach to care.

While TBI can result from various causes, Service members experience blast injury as a complex but less understood form of trauma. Direct or indirect exposure to an explosion may cause blast injuries, but those injuries do not always produce immediate symptoms. However, when injury occurs, it often leads to TBI, commonly known as a “signature wound” of post-9/11 service. Many of these injuries stem from repeated low-level blast exposures that may not result in a diagnosable concussion but can still have long-term neurological effects. Those at highest

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<sup>11</sup> Keyaria D. Gray et al., *Influence of Early Lactation Assistance on Inpatient Exclusive Breastfeeding Rates*, J. HUMAN LACTATION (Sep. 2020), available at <https://journals.sagepub.com/doi/10.1177/0890334420957967>.

<sup>12</sup> U.S. DEP’T OF HEALTH & HUMAN SERV., BREASTFEEDING: SURGEON GENERAL’S CALL TO ACTION FACT SHEET (Jan. 19, 2011), <https://www.hhs.gov/surgeongeneral/reports-and-publications/breastfeeding/factsheet/index.html>.

<sup>13</sup> U.S. DEP’T OF DEF., DoD NUMBERS FOR TRAUMATIC BRAIN INJURY WORLDWIDE (Apr. 18, 2025), <https://health.mil/Reference-Center/Reports/2025/04/18/2000-2024-Q4-DOD-Worldwide-Numbers-for-TBI>.



risk include armorers, artillery and gunnery personnel, combat engineers, explosive ordnance disposal specialists, special operations forces, and medical personnel assigned to expeditionary units – as well as individuals working with shoulder-mounted weapons, .50 caliber systems, and indirect fire platforms.

Precision medicine tailors healthcare treatments and interventions to each patient's unique characteristics, including their genetic makeup, lifestyle, and environment. Instead of a one-size-fits-all model, precision medicine uses advanced diagnostic tools – such as genetic testing, biomarker analysis, and imaging techniques – to identify the most effective therapies for individuals. In brain health, this approach takes a specialized form, focusing on neurological and psychiatric conditions. Clinicians analyze a patient's brain structure, function, genetic profile, and cognitive patterns to create targeted treatment plans for conditions like Alzheimer's disease, Parkinson's disease, depression, and TBI. This personalized strategy enhances therapeutic outcomes, reduces side effects, and ensures lasting benefits. Specifically for veterans, this approach can help identify those at higher risk for long-term neurological or psychological effects, such as chronic traumatic encephalopathy (CTE), post-traumatic stress disorder (PTSD), and cognitive decline.

The *Precision Brain Health Research Act* represents a critical step forward in transforming how we understand and address brain health across the lifespan. As emerging science increasingly links brain health to long-term cognitive resilience, our national response must be both comprehensive and forward-thinking. This effort would establish a national strategy to close that gap, ensuring that brain health research reflects the diverse experiences of high-risk populations, including aging veterans and those with complex service histories. This bill builds on existing efforts to understand brain and mental health by authorizing funding for 10 years for VA and its research partners to focus on the cognitive impacts of repetitive, low-level blast exposure. It also strengthens collaboration with the National Academies of Sciences to advance biomarker research, continuing the momentum from the *Commander John Scott Hannon Act* (P.L. 116-171).

Wounded Warrior Project supports the *Precision Brain Health Research Act* and urges swift action to advance this legislation. This forward-looking investment prioritizes evidence-based approaches, promotes equity in research participation, and addresses one of the most pressing issues facing our veteran population today. By establishing a national framework for precision brain health research, this bill will help transform the way we care for those affected by neurological conditions and ultimately help more veterans lead longer, healthier, and more productive lives.

**S. 827: Supporting Rural Veterans Access to Healthcare Services Act and S. 784: Rural Veterans Transportation to Care Act**

Veterans living in rural and highly rural areas face persistent and often overlooked barriers to accessing timely, quality healthcare. Long distances to VA care facilities or authorized providers, lack of reliable public transportation, and limited broadband connectivity create compounding obstacles that threaten the well-being of rural veterans – 44% of whom earn less than \$35,000 annually, and over half of whom are over age 65. These challenges are even

more pressing as increasing numbers of post-9/11 veterans settle in rural communities, with VA estimating that roughly 21% of rural veterans (approximately 880,000) served during the post-9/11 era. To help address these barriers, two critical pieces of legislation – S. 827, the *Supporting Rural Veterans Access to Healthcare Services Act* and S. 784, the *Rural Veterans Transportation to Care Act* – seek to strengthen and modernize the VA’s Highly Rural Transportation Grant (HRTG) program.

The *Supporting Rural Veterans Access to Healthcare Services Act* would formally reauthorize the HRTG program for five years, ensuring continued support for transportation services that connect rural veterans to essential care. It removes the \$3 million funding cap, offering flexible funding to better support the unique challenges of highly rural areas. Additionally, the bill expands eligibility to include Tribal and Native Hawaiian organizations, directly addressing the healthcare access needs of these communities.

The *Rural Veterans Transportation to Care Act* focuses on modernizing the HRTG program’s eligibility criteria by replacing the restrictive county-based standard (counties with fewer than seven people per square mile) with Rural-Urban Commuting Area (RUCA) designations. This shift aligns eligibility with how VA defines rurality in other contexts and would significantly expand access to transportation services for rural veterans. The bill also increases the maximum grant award from \$50,000 to \$60,000 and allows up to \$80,000 for ADA-compliant vehicles – ensuring veterans with mobility challenges are not excluded.

Together, these bills provide complementary solutions – one ensuring sustained funding and expanded access, and the other updating outdated eligibility standards to better serve veterans. By passing both measures, Congress can ensure that veterans in rural and highly rural areas are not left behind in their access to healthcare services. WWP is pleased to support of these important initiatives.

### **S. 879: *Veteran Caregiver Reeducation, Reemployment, and Retirement Act***

According to findings published by RAND in 2024, more than 1.4 million Americans provide daily care to wounded, ill, or injured military service members or veterans, with many of them managing these responsibilities while balancing careers, finances, and personal health.<sup>14</sup> Within this population, a significant percentage of post-9/11 caregivers struggle financially, with 36% reporting incomes below 130% of the federal poverty level and many lacking basic health insurance or emergency savings. These caregivers, particularly those who have participated in VA’s Program of Comprehensive Assistance for Family Caregivers (PCAFC), face additional challenges when their caregiving responsibilities conclude, as many benefits are not portable or inclusive of retirement benefits.

The *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* would offer crucial support to caregivers as they transition back into the workforce or plan for their retirement after their caregiving duties end. This legislation would ease the financial strain and

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<sup>14</sup> Michael Robbins et al., *America’s Post-9/11 Military and Veteran Caregivers*, RAND (Sep. 2024), available at [https://www.rand.org/pubs/research\\_reports/RRA3212-4.html](https://www.rand.org/pubs/research_reports/RRA3212-4.html).

provide long-term stability for veterans' caregivers through key provisions that focus on reeducation, reemployment, retirement planning, and bereavement counseling.

The bill offers reeducation support by providing reimbursement of up to \$1,000 for fees associated with renewing professional licenses or certifications, as well as access to VA training modules for continuing education credits. It also calls for a study on the feasibility of establishing a "returnship" program to assist caregivers in reentering the workforce. The bill would provide reemployment assistance by offering eligibility for existing VA employment assistance programs and calls for a study on barriers to employment and incentives for hiring former caregivers within the VA system. To support caregivers in planning for their futures, the bill would provide retirement planning services and calls for a study on the feasibility of establishing retirement savings plans specifically for caregivers, addressing challenges posed by their caregiving roles. Finally, the bill would offer bereavement counseling services for caregivers following the death of the veteran they cared for.

Wounded Warrior Project supports the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* and urges Congress to pass this bill swiftly. This legislation recognizes the essential yet often overlooked contributions of caregivers to the well-being of veterans. While caregivers provide critical support to their loved ones, many face personal, professional, and financial challenges that hinder their ability to thrive. The bill offers a vital pathway to help caregivers reenter the workforce, plan for their futures, and recover from the toll caregiving takes on their financial and emotional health. By passing this legislation, Congress can invest in the well-being of caregivers, ensuring they have the resources needed to reclaim their careers, stabilize their financial futures, and transition out of their caregiving roles with dignity.

### **S. 1320: *Servicewomen and Women Veteran Menopause Research Act***

Women veterans represent one of the fastest-growing segments of the veteran population, with many now entering midlife and facing menopause-related health challenges. Unlike their civilian counterparts, women veterans often carry the added burden of military-specific exposures, higher rates of trauma—including military sexual trauma—and complex chronic health conditions that can intensify menopause symptoms. Despite this, menopause care remains under-researched and under-prioritized in both VA and DoD systems. Many women veterans report feeling dismissed or underserved when seeking care for menopause-related issues, and studies have shown significant gaps in provider training, access to appropriate therapies, and culturally competent care. Addressing menopause is not just about comfort—it is a readiness, quality of life, and equity issue.

The *Servicewomen and Veterans Menopause Research Act* would require VA and DoD to evaluate and conduct research on menopause, perimenopause, and mid-life women's health. This legislation represents a long-overdue recognition of the unique and evolving health care needs of Servicewomen and women veterans as they age. Research has demonstrated that women veterans experiencing menopause are more likely to suffer from chronic pain, insomnia, and sexual dysfunction.

Wounded Warrior Project supports this legislation and urges swift passage. By mandating coordinated research across VA and DoD, this bill would fill critical knowledge gaps and drive better clinical practices – ensuring our systems are equipped to deliver responsive, informed, and respectful care for this growing population.

### **S. 1383: *Veterans Accessibility Advisory Committee Act of 2025***

Many veterans with physical and sensory disabilities continue to face avoidable barriers when trying to access care and services through VA. From navigating a facility in a wheelchair, reading essential documents with vision loss, to using VA’s online tools with assistive technology, too many aspects of the system remain inaccessible. Despite these longstanding challenges, VA still lacks a dedicated advisory body focused specifically on identifying and eliminating accessibility barriers for veterans with disabilities.

The *Veterans Accessibility Advisory Committee Act of 2025* would address this critical gap by establishing the Veterans Advisory Committee on Equal Access. This committee would advise the Secretary of Veterans Affairs on how to improve equitable access to VA health care and benefits. It would be tasked with evaluating access barriers, analyzing disparities among subpopulations of veterans, and providing specific, data-informed policy recommendations to reduce those gaps. The legislation also requires the advisory committee to submit annual reports to Congress to promote accountability and transparency, an oversight mechanism recommended by the Government Accountability Office (GAO) in its reviews of VA operations.

Without this kind of dedicated structure, VA may continue to overlook or under-address the persistent inequities experienced by many veterans. While the agency has made progress through efforts like the Office of Health Equity, there is still no formal mechanism to provide consistent, system-wide oversight or external advisory input. Establishing this advisory committee would enhance VA’s responsiveness, enabling it to identify problems proactively and shape solutions that meet the needs of all veterans, not just the majority.

Wounded Warrior Project supports this legislation as a necessary step toward improving how VA serves veterans with physical and sensory disabilities. Establishing the Veterans Advisory Committee on Equal Access would help ensure that accessibility is built into every aspect of VA’s operations from facilities and medical equipment to digital platforms and communication tools. Veterans who rely on these accommodations should not have to navigate a system that was not designed with them in mind.

### **S. 1441: *Service Dogs Assisting Veterans Act***

Veterans with physical and psychological injuries often face persistent challenges in their recovery and reintegration, including limited access to non-traditional therapies that address daily functional needs. While service dogs have shown demonstrable benefits for veterans with PTSD, TBI, and mobility impairments, access remains scarce due to cost and limited program availability. The *SAVES Act* would help address this need by creating a five-year pilot grant program through VA to support nonprofit organizations that provide service dogs to veterans to fill a critical gap in care and support.

In addition to authorizing VA to provide grant funding to nonprofits who provide service dogs to eligible veterans, this bill would streamline access to VA's Veterinary Health Insurance Benefit (VHIB) by automatically enrolling in the program any veteran who receives a service dog through the pilot. This would remove the cumbersome VHIB application process and would ensure that more veterans can receive support without bureaucratic hurdles. The bill's inclusion of data collection and program standards also offers a path to greater accountability and long-term policy improvements by measuring outcomes and setting clear expectations for participating organizations.

Despite the bill's positive intent, veteran and service dog advocates remain concerned that the updated 119th Congress version of this legislation weakens oversight mechanisms. The current VHIB program policy (38 CFR § 17.148) requires accreditation through Assistance Dogs International (ADI) and/or the International Guide Dog Federation (IGDF), a safeguard that ensured service dogs were properly trained to perform specific tasks and behave safely in public. The anticipated shift to relying solely on *Americans with Disabilities Act* (P.L. 101-336) and *Air Carrier Access Act* (49 U.S.C. § 41705) compliance, while well-intentioned, lowers the threshold for quality assurance and opens the door to inconsistencies in training standards, which could compromise veteran safety and public trust.

To ensure the success of this program, Congress must insist on maintaining strong, enforceable standards for participating organizations. This includes either retaining accreditation requirements or clearly defining equivalent evidence-based training benchmarks to confirm it upholds rigorous quality standards while still expanding access. An ongoing dialogue with stakeholders – including service dog organizations, accrediting bodies, and veteran advocates – is essential to strike this balance.

Additionally, the *SAVES Act* would only address providing the VHIB to those veterans who receive their service dogs through the Act's grant program. WWP encourages Congress to consider modifying language that would be inclusive of service dogs that fall under the ongoing *PAWS for Veterans Therapy Act* (P.L. 117-37) pilot program to ensure VA is not creating a streamlined process for only one set of service dogs.

### **S. 1533: VA License Portability Act**

During the COVID-19 pandemic, VA temporarily suspended in-person medical exams related to claims for disability benefits. In response, the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-135) included a provision authorizing a three-year pilot program in which certain health care professionals contracted with the Veterans Benefits Administration (VBA) were permitted to conduct medical exams across state lines and in states where they did not hold a medical license (known as license portability) for VA. Although physicians have had the flexibility to perform exams across state lines since 2016, this new program extended license portability authorization to physicians' assistants, nurse practitioners, audiologists, and psychologists. Initially set to expire in 2024, Congress extended the pilot for an additional two years (see P.L. 118-19) until January 5, 2026.

The expansion of license portability has helped to increase the number of exams administered to veterans across the country and extend VA's reach to more rural and underserved communities. Veterans in these regions often experience long commutes, lack of public transportation, and scarcity of providers or specialty care, challenges which further complicate and add time to an already lengthy claims process; in September 2024, VA averaged nearly 145 days to complete a disability-related claim.<sup>15</sup>

In addition to long wait times for processing, VA has experienced an influx in claims; during Fiscal Year (FY) 2025, claims for disability have increased nearly 16 percent so far.<sup>16</sup> VA continues to face pressure to process veteran claims in a timely fashion; however, if license portability authorization is allowed to expire, the ability of contracted medical professionals to provide exams will be significantly reduced and likely lead to compromised efficiency and even longer wait times for veterans.

This bill would codify the 2020 pilot program to permanently expand license portability requirements for VA-contracted medical professionals, thereby increasing access to timely medical examinations – or at least lowering wait times – for veterans filing claims for a service-connected disability. It would also impose a reporting requirement on VA to ensure accountability and monitor the cost, promptness, and comprehensiveness of exams being performed by contract physicians.

This permanent expansion of license portability would broaden VBA's ability to reach high-need areas, help veterans by increasing their access to timely exams and medical specialists, and support VA with additional medical staff to address the exam backlog. As more veterans file claims following their service and seek VA care, this legislation will address the need for more licensed health care professionals to provide medical disability exams when and where they are needed. WWP supports this legislation and its goal to help meet veterans where they are and ensure their timely access to critical exams and the high-quality care they have earned.

#### **Agenda items not addressed in this Statement for the Record**

- S. 214: *Monetary Enhancement for Distinguished Active Legends (MEDAL) Act of 2025*
- S. 649: *Guard and Reserve GI Bill Parity Act*
- S. 1318: *Fallen Servicemembers Religious Heritage Restoration Act*
- S. 1543: *Veterans' Education, Transition and Opportunity Prioritization Plan Act*
- S. 1591: *Acquisition Reform and Cost Assessment Act of 2025*

#### **Concluding Remarks**

Wounded Warrior Project once again extends our thanks to the Committee for its continued dedication to our nation's veterans. Our commitment to keeping the promise by rebuilding the lives of warriors impacted by war and military service remains as strong as ever,

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<sup>15</sup> LYNN SEARS, CONG. RSCH. SERV., IF12799, VETERAN DISABILITY COMPENSATION AND PENSION EXAMS (2024), *available at* <https://www.congress.gov/crs-product/IF12799>.

<sup>16</sup> Press Release, U.S. Dep't of Vet. Aff., VA Processes One Million Disability Claims Faster Than Ever Before (Feb. 2025), <https://news.va.gov/press-room/va-processes-one-million-disability-claims-faster-than-ever-before/>.

and we are honored to contribute our voice to your discussion about pending legislation. As your partner in advocating for these and other critical issues, we stand ready to assist and look forward to our continued collaboration.