The National Association of State Directors of Veterans Affairs

NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Joint Hearing of the House and Senate Veterans' Affairs Committees

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Presented by

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INTRODUCTION

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano and distinguished members of the Committees on Veterans Affairs, this written testimony is submitted on behalf of the National Association of State Directors of Veterans Affairs (NASDVA). My name is Dennis Wimer, and I am the NASDVA President and serve as the Director for the Indiana Department of Veterans Affairs.

Our association was founded following the end of WWII in 1946 to bring together the State Directors, Commissioners and Secretaries from all 50 States, U.S. Territories and the District of Columbia to encourage communication, facilitate discussion, and promote "best practices" to successfully advocate for our Nation's 18 million Veterans, their families, survivors and caregivers. It is vital work and we're committed with purpose and passion to address the important Veterans' needs.

State Departments of Veterans Affairs (SDVA) are comprehensive service providers and prominent Veterans' advocates, and as such, we serve as the primary intersection for Veterans between the U.S. Department of Veterans Affairs and our respective State governments, as well as local communities, Veteran Service Organizations, community partners, and non-profit entities.

State Departments of Veterans Affairs are second only to the U.S. Department of Veterans Affairs in providing comprehensive earned services, benefits and support. As our by-laws state, our national focus is "to foster the effective representation of persons claiming entitlements on account of the honorable military service of any person defined in 38 U.S.C. 101; to provide a medium for the exchange of ideas and information; to facilitate reciprocal State Services; to ensure uniformity, equality, efficiency and effectiveness in providing services to Veterans and their family members in all States and Territories; and maintain an interest in all Veterans' legislation."

State Directors are tasked and held accountable by our respective Governors, State Boards or Commissions, and Veteran stakeholders to be responsible for addressing the multi-faceted needs of our Veterans irrespective of age, gender, era of service, military branch, or circumstance of service. We are well-positioned to deliver efficient, effective and Veteran-focused services and partner with the U.S. Department of Veterans Affairs in outreach and advocacy for our nation's Veterans.

VA – NASDVA PARTNERSHIP

The collaborative relationship between the U.S. Department of Veterans Affairs (VA) and NASDVA was originally formalized through a Memorandum of Agreement (MOA) in 2012 and recently updated on February 21, 2024 as a Memorandum of Understanding (MOU) with VA Secretary Denis McDonough and NASDVA President Dennis Wimer signing its renewal at the 2024 NASDVA Mid-Winter Training Conference in Arlington VA.

The formal partnership between the VA and NASDVA continues to yield positive results for our Veterans across the nation. Since NASDVA's incorporation, there has been a long-standing government-to-government cooperative relationship that shares a common goal to facilitate accessible, timely, and quality care for our nation's Veterans.

To highlight our partnership, the MOU also provides the VA Secretary a forum to highlight "best practices" among the States and Territories through presentation of the much-coveted Abraham Lincoln Pillars of Excellence Award. It recognizes innovative programs that are transferrable for other States to emulate. The 2024 award recipient States are Nebraska, South Carloina, Kentucky, New York, Minnesota and Nevada.

VA FUNDING

NASDVA is committed to working with Congress and VA leaders to ensure scarce resources are allocated to priorities that will meet our Veterans' most pressing needs in a Veteran-focused manner. NASDVA applauds Congress' concerted efforts to improve VA funding for health care, claims and appeals processing, homeless and women Veterans programs. Likewise, continued emphasis is warranted on preparing for VA's aging infrastructure, Veteran suicide prevention initiatives, and caregiver support..

We support Congress' efforts to hold both the U.S. Department of Veterans Affairs and *Oracle Cerner* fully accountable for evolutionary upgrades to the VA's Electronic Health Record Modernization (EHRM) millennium software system. It is essential that VA's EHRM Integration Office address system challenges and future development. It needs to address the operational concerns of the medical providers and enhance healthcare delivery for Veterans.

As the VA continues its transformational journey, NASDVA supports a continuation of new initiatives and collaborative outreach. It will require careful observation in ensuring effective and efficient program execution and a continued focus to deploy resources where Veterans can best be served.

The National Association of State Directors of Veterans Affairs

PACT ACT

The *PACT Act* is a monumental piece of legislation. NASDVA applauds the extensive congressional effort to bring it about. It is the most significant step ever taken in addressing the ravages of toxic exposure. NASDVA supports continued emphasis on implementation. It requires expanding VA health care and benefits for Veterans exposed to burn pits, herbicides, and other toxic substances. Our Veterans and their families deserve no less. This is particularly important considering the intense television advertising for Veterans to join class action lawsuits to address potential disabilities from toxic exposures at Camp Lejeune. NASDVA is concerned about consumer protection for these Veterans. Alternatively, Veterans can file a claim for *free* with VA using accredited Service Officers, including claims examiners from State Departments of Veterans Affairs (SDVA).

SDVA are partnering with the VA to continue providing outreach to all eligible Veterans and their families about the new law and its provisions. The VA and NASDVA will continue its collaborative, in-person outreach efforts in 2024. State Department of Veterans Affairs perform a vital role interfacing with Veterans where they live to inform and help them with their individual needs and prospective claims earned through their service.

U.S. Department of Veterans Affairs medical centers and clinics across the country are enrolling Veterans everyday for new toxic exposure screening as a result of the *PACT Act.* There is a marked increase in the number of disability compensation claims submitted by Veterans as a result of the new law. This is confirmed by the VA *PACT Act* Dashboard published biweekly, in which the public has access to the information. NASDVA applauds this transparency by VA.

In light of our Memorandum of Understanding with VA, it is important to educate stake holders including VA staff, Veterans and their family members about our State and Territory Departments of Veterans Affairs. Submitting a claim through an accredited State or Territory Veterans' Claims Officer will sharply increase the chances of an individual claim being processed timely and adjudicated successfully.

We appreciate Congress' support of an increased VA budget in expanding the number of VA health care personnel and staff members who adjudicate claims, and supporting VA's efforts to recruit and train additional staff to handle the forecasted influx of additional claims. We acknowledege that wait lists for claims and appeals will increase before enough qualified VA staff are in place to handle the workload. It will take time to reduce the expected backlog. NASDVA will work with VA to exhaust all efforts to lessen the time Veterans must wait to have their claim completed whether *PACT Act* related or not.

VETERANS HEALTHCARE BENEFITS AND SERVICES

NASDVA's priorities for the care of our nation's 18+ million Veterans are consistent with those of VA. We fully supports efforts to increase Veterans' access to VA Healthcare. This includes the continued collaboration of State Department of Veterans Affairs (SDVA) with Veterans Integrated Service Networks (VISN) and individual VA Medical Centers (VAMC) in enrolling Veterans and eligible family members in the VA healthcare system. This also includes expansion of Community Based Outpatient Clinics (CBOC) and Vet Centers, the deployment of mobile health clinics, and expanding the use of telehealth services. We applaud the VA app, which enhances a Veteran's access to their health (appointments, messages, prescriptions, vaccine records and COVID updates) and benefits (disability rating and cliams information).

NASDVA applauds recent VA initiatives involving mental health and Veteran suicide prevention. Veterans in acute suicidal crisis may now go to any VA or non-VA health care facility for emergency health care at no cost including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the Veterans Health Administration to use this benefit. The expansion of care will help prevent Veteran suicide by guaranteeing no cost care to Veterans in times of crisis. It will also increase access to acute suicide care for those 9 million Veterans not currently enrolled in VA.

While the VA continues to place strong emphasis on Veteran suicide prevention, there is still much work to be done. It is critical that SDVA work with the VA healthcare system to address this high priority clinical and social issue. NASDVA congratulates the VA on implementation of *The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program* (SSG Fox SPGP), which enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. This affords those states with fewer resources to make real impact on suicide prevention.

It is imperative the Veterans Health Administration receives the funding required to care for the more than 9 million Veterans who are enrolled while the complexity of their care is increasing. VHA must have the resources necessary to recruit and retain doctors, nurses, and other professional staff.

Under some circumstances, it is necessary and appropriate for Veterans to receive care at facilities and providers outside VA with community care accounting for 1/3 of the VA's total health care delivery. Lack of adhearance to community care timeliness standards have been a source of contention by some Veterans enrolled in the Veterans Health Administration, and we recommend continued emphasis by the VA to ensure all Veterans are provided community care referrals and appointments in a timely fashion. Reimbursements for community care services

should also be prompt and meet industry standards. Slow reimbursements for care will and have discouraged a number of health care providers from paticipating.

Telehealth services are mission critical to the service delivery of VA healthcare, and NASDVA applauds VA as a world leader in this practice. Telehealth is particularly critical to rural Veterans when timely access to mental health services is not available or when they must travel long distances to see a provider. State Departments of Veterans Affairs (SDVAs) can play an important role in connecting these Veterans to telehealth. Likewise, SDVAs can provide outreach and connect our most vulnerable Veterans to life-saving programs. The outreach effort will help close the gap in access to mental health care in rural areas, American Indian/Alaska Native lands, and other underserved minority communities.

NASDVA supports VA as they seek legislative authorities regarding telehealth prescribing of controlled substances to ensure that Veterans retain access to critical treatments and health care professionals. Telehealth use dramatically expanded during the COVID-19 public health emergency, in both Federal and private sector health care. During the pandemic, Federal and State flexibilities included authority for the prescribing of controlled substances, as part of a telehealth encounter in the absence of a prior in person medical evaluation. These flexibilities enabled many qualified health care professionals, delivering care through VA's telehealth programs, to initiate and maintain effective treatment plans for Veterans with chronic pain, substance use disorder, mental health conditions, or other conditions that required use of controlled substances for management.

Oral health is an important factor in physical, emotional, psychological, and socioeconomic well-being. VA offers comprehensive dental care benefits to only 600,000+ qualifying Veterans. Veterans who do not meet specific criteria are on their own to access oral health care, and for many this is unobtainable due to out-of-pocket expense, distance to travel, lack of transportation, or lack of dentists in their communities. For VA to tackle physical health issues and mental health issues related to Veterans, they should also tackle their oral health issues because of the direct connection.

Maintaining good oral health can lead to a reduction in heart disease. Presumptive conditions such as diabetes from Agent Orange exposure can also negatively impact oral health. It can also be impacted by mental health conditions. Veterans struggling with mental health challenges may eat more sugary foods, drink, smoke, fail to perform daily tasks like brushing teeth, and even have dry mouth from medications they are taking. These compounding issues may cost the VA and healthcare system more money because they then become secondary ailments to the initial mental health disorder. NASDVA supports efforts to expand the eligible

pool of Veterans entited to dental care services through the VA, which in turn may reduce other health care challenges associated with poor oral care.

STATE VETERANS HOMES

The State Veterans Home (SVH) Program is the largest and one of the most important partnerships between State Departments of Veterans Affairs and the U.S. Department of Veterans Affairs. SVHs provide more than 50% of total VA long-term care (one of the largest nursing home systems in the nation) at less than 20% of the VA's total FY2024 expenditures for veterans' long-term care. It is a cost-efficient partnership between federal and state governments.

SVHs are the largest provider of long-term care to America's Veterans through 173 operational SVHs (nursing homes), 47 Domiciliary Homes and 3 Adult Day Care Facilities in 50 States and the Commonwealth of Puerto Rico. These homes provide a vital service to elderly and severely disabled Veterans with over 25,000 skilled nursing beds, 4,847 domiciliary beds, and 109 adult-day health care participants.

The nationwide shortage of direct-care providers including doctors, nurses, licensed practical nurses and certified nursing assistants is well documented. The recent COVID-19 pandemic only exacerbated the decades-long decline as fewer health care professionals are recruited and established providers are leaving the workforce or retiring in unprecedented numbers. The national competition for providers is also presenting an untenable situation, which is exacerbated by both burnout among nursing professionals from the rigors of care and the salaries offered by large, well-financed hospital groups.

Resident census cannot be maintained because of chronic staff shortages, resulting in fewer Veterans being served and providers unable to cope with financial losses due to lower reimbursement rates tied to a lower resident census. Vulnerable Veterans in need of care are being denied access because of insufficient staff to meet the demand. Meanwhile CMS is in the process of implement staffing mandates at a time when many providers can't even fill staff vacancies to meet the need of current opeations. These shortages are projected to continue for the next decade.

It is imperative State Departments of Veterans Affairs and VA continue recruitment and retention efforts to have the quality and quantity of providers to care for eligible Veterans. Both NASDVA and the National Association of State Veterans Homes recommend a new Grant Per Diem scale that would allow for the hiring and retention of quality nursing staff in this competitive environment.

NASDVA also has concerns about behavioral health and future incidences of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other conditions in the aging Veteran population. While there are war-related traumas that lead to PTSD in younger OEF/OIF Veterans, aging Veterans can be exposed to various catastrophic events and traumas of late-life that can lead to the onset of PTSD or may trigger reactivation of pre-existing PTSD. PTSD has been seen more frequently in recent years among World War II, Korean and Vietnam War Veterans and has been difficult to manage.

VA has limited care for Veterans with a propensity for combative or violent behavior and the community expects VA or SVHs to serve this population. NASDVA and NASVH recommend a new Grant Per Diem scale that would reflect the staffing intensity required for psychiatric beds and medication management. SVHs and VA Community Living Centers are unable to serve intensive care psychiatric patients; therefore, VA cannot turn over hospital psychiatric beds because of a lack of community psychiatric step-down capacity. This level of care is critically needed in our States.

Both NASDVA and the National Association of State Veterans Homes (NASVH) support a continued commitment to the significant funding of the VA's State Veterans Home Construction Grant Program. It is important to the Veterans we serve to keep the existing backlog of projects in the Grant Program at a manageable level to assure life safety upgrades and new construction. VA's FY 2023 appropriation for State Home Construction Grants is only $150 million, which will allow VA to fully fund just 6 of the 73 approved but pending projects, and partially fund one large new State Home construction project in California. For FY 2024, VA has requested just $164 million, which would not even complete funding for the California project next year. We must support the request to increase the funding for the State Home Construction Grant program above VA's request of $164 million, with the target of $600 million in FY 2024.

NASDVA is seeking support from VA to take administrative action to provide waivers for the State Veterans Home (SVH) construction projects submitted prior to the *Build America, Buy America Act* (BABAA) effective date. BABAA was enacted with an enforcement date of May 14, 2022, and requires federal grantees to use Buy America preferences on all iron and steel, manufactured products, and construction materials incorporated into an infrastructure project, including the SVH construction grant projects. The law included waiver provisions:

- when applying the domestic content procurement preference would be inconsistent with the "public interest;"
- when there is "nonavailability" issues where products or construction materials are not produced in the United States in sufficient and reasonably available quantities; and

- when the inclusion of products or materials produced in the United States creates an "unreasonable cost" condition, increasing the cost of the overall project by more than 25 percent.

While it is agreed that BABAA is good for our Nation and NASDVA understands that this Act was intended to strengthen Made in America Laws and bolster America's industrial base, protect national security, and support high-paying jobs. Unfortunately, it has also negatively impacted the SVH construction grant projects found on the VA's FY23 Priority List. For all SVH construction projects listed on VA's FY 2023 Priority List, initiated design planning and grant budget submittal was required prior to BABAA's effective date. Therefore, States did not have the opportunity to properly plan for any of the requirements associated with this Act, resulting in approved grant project scopes, schematic designs, and budgets that do not consider any of the BABAA impacts or cost increases, and there are projects at risk for losing grant funding.

Additionally, it has been confirmed by the VA that availability of domestic products is a significant issue and a vast number of the SVH construction grant projects will be unable to meet BABAA compliance due to industry constraints. More specifically, it was verified by the VA that SVHs will be unable to purchase BABAA compliant electrical gear and mechanical equipment since these components are not domestically manufactured e.g. this includes, but is not limited to, HVAC systems, switch gear, generators, step down transformers, and light fixtures. Simply put, these types of industrial constraints will also result in many of the SVH construction projects not being completed, which would deprive many aging and ill veterans from receiving care in these long-term care facilities. VA is aware of these issues and at present have informed NASDVA and NASVH that they will not issue any additional BABAA waivers. Without resolution to properly address this matter, the quantity, quality and continuum of long-term care and services we provide to our Veterans and their families is diminished.

VETERANS BENEFITS SERVICES

According to the White House in a Feb. 7, 2023 release, the VA in 2022 processed a record 1.7 million Veteran claims, and delivered $128 billion in earned benefits to 6.1 million Veterans and survivors. NASDVA's priorities for the care of our nation's 18.5 million Veterans are consistent with those of VA.

State Departments of Veterans Affairs continue to take on a greater role in the effort to manage and administer claims processing. Regardless of whether the State or Territory uses accredited employees, nationally chartered Veterans Service Organizations (VSO) and/or

County Veteran Service Officers (CVSO), collectively, we have the capacity and capability to assist the Veterans Benefits Administration (VBA).

Additionally, the VA should offer expanded virtual and in-person training opportunities to accredited Service Officers, particularly those newly accredited Tribal Veteran Service Officers, to improve the "inputs" (e.g., changes to forms, updated processes, and/or new policies) to the benefits systems. These opportunities should be at the national level and at the regional office level. Additionally, as claims are processed through the National Work Que (NWQ) to better distribute caseloads, personnel staffing the VSO/CVSO Helpdesk Line need to have increased understanding of claims and access to the claim to better assist VSO/CVSOs calling for assistance. Increased training opportunities and increased support from the Helpdesk Line will support a more efficient claims process.

Two-thirds of the 117th Congress supported the *Major Richard Star Act* to support our combat-injured Veterans. Unfortunately, the bill was not signed into law. The *Star Act* would support more than 50,300 combat-injured Veterans with concurrent receipt of vested longevity pay and VA disability. These Veterans are subject to an offset where their retirement pay is reduced for every dollar of VA disability received. Retired pay is for completed years of service paid by DoD, while disability compensation is for lifelong injury paid by the VA. These are two different payments for two different purposes. Reducing retirement pay because of a disability is an injustice. NASDVA strongly recommends that the 118th Congress pass the *Star Act*.

BURIAL AND MEMORIAL BENEFITS

NASDVA appreciates the National Cemetery Administration's (NCA) collaborative partnership with States, Territories and Tribal governments. State, Territory and Tribal cemeteries expand burial access and support the NCA goal of "increasing access to a burial option in a National or State Veterans cemetery" and provide burial services to more than 95% of all Veterans within a 75-mile radius of their home. VA has awarded grants totaling $992 million to establish, expand, improve, operate and maintain 122 Veterans cemeteries in 49 States and Territories including tribal trust lands, Guam, and Saipan. In FY2023, NCA grant funded state cemeteries provided more than 43,000 interments.

The Veterans Cemetery Grants Program (VCGP) complements NCA's 155 national cemeteries in 42 states and Puerto Rico and is an integral part of NCA's ability to provide burial services for Veterans and their eligible family members. It is important to the nation's Veterans and their eligible family members to keep the existing backlog of VCGP projects at a manageable level to assure the delivery of honorable interment services. The FY2024 Priority

List reflects for priority one “expansion/improvement” projects a total of $102.7 million and for priority two “establishment” projects $108.6 million, for a total need of $211.3 million. The FY2024 budget for the VCGP is only $60 million. This is insufficient to allow NCA to establish more new State or Tribal cemeteries, particulary to support its rurial access goals. NASDVA strongly recommends increased funding support for the VCGP to $100 million

NASDVA recommends Congress authorize and appropriate funds to provide a plot allowance for family members and increase the level of plot allowance for Veterans currently at $948. Either increase in funding would help offset the higher operational costs being experienced across all interments. Also, the increased funding would allow the States to avoid charging family members and maintain parity with National Cemeteries where family members are not charged creating an inequity.

The Burial Equity for Guards and Reserves Act that was incorporated as Division CC of *Public Law 117-103 (The Consolidated Appropriations Act for FY2022)*. The VA Office of General Counsel determined that the law allows VCGP-funded cemeteries to inter certain “non-veteran” individuals, however, it does not compel such interments. The consequence for States or Tribal governments who elect to inter the “’non-veteran” is that they must bear the costs of the headstone and niche cover. Since there will be no plot allowance to help cover the entire cost of the interment, States will have to appropriate additional funds or charge the family members. Again, it creates an inequiable situation with the Veterans who receive full memorial benefits interred in the same cemetery. Even though the numbers are small without federal active duty and thus qualify as “Veterans,” it is desirable for States and Tribal governments to provide the interment. The local appreciation and respect is strong for the Guard members who respond to natural disasters in the community. The average citizen is unaware of differences in eligibility and simply view them as military members worthy of the same memorial honors.

WOMEN VETERANS

There are more than 2 million Women Veterans of the Armed Forces, according to the U.S. Department of Veterans Affairs VETPOP data. By 2040, the VA estimates Women Veterans will comprise 18% of all Veterans, making them the fastest growing group in the overall Veteran population.

Women now assume roles in nearly all military occupational specialties. According to the Department of Defense’s 2022 Demographics Profile of the Military Community, women

made up 17.5% of the active-duty force, totaling 228,966 members; and 21.6% of the National Guard and Reserves at 166,957 members.

NASDVA has made a concerted effort to inform Women Veterans that they are eligible for the full range of federal and state benefits, to include special programs for them. In addition, earned services, benefits and support for Women Veterans need to receive the same as their male counterparts. There are several areas NASDVA believes VA can work on to close gaps in service, ensure continuity of care, and better address the needs of Women Veterans.

Women Veterans are impacted by the nationwide provider shortage for the delivery of gender specific healthcare. We encourage the VA to continue its aggressive recruiting and retention efforts for qualified health care professionals. In addition, VA priorities should include addressing needs of all victims of Military Sexual Trauma (MST) especiallly Women Veterans to include those who served in the National Guard and Reserves. Due to an increasing volume of Veterans with MST, compatible care and provider alternatives need to be deliberately extended to all those Veterans who might otherwise be dissuaded from seeking treatment at the VA. Reconciliation of MST claims for PTSD should continue as recommended by the VA Inspector General.

The Veterans Health Administration should also ensure Women Veterans have access to and receive timely high-quality, gender specific, and individualized prosthetic care that will allow them to improve their quality of life. Gender specific healthcare needs to include infertility care and NASDVA advocates support for Veterans with infertility issues caused by illness or injury while serving in the military. The *PACT Act* ensures that those eligible Women Veterans who are experiencing infertility due to issues caused by toxic substance exposure are identified and eligible for care.

With the relatively recent VA investment of state-of-the art women's clinics across the country, there still exists a disproportionate and non-standard availability to access gender-specific healthcare relative to the population of Women Veterans. The decision-making and planning for new clinics or renovation of existing clinics should be data driven to ensure Veterans receive care commensurate with the population.

The largest emerging population of Homeless Veterans is women. Recent efforts across the country to end and prevent veteran homelessness are commendable and deserve recognition. The true numbers of this emerging population are underrepresented due to prescribed models of addressing homelessness. For example, a victim of domestic violence fleeing an abuser and living with a friend is not considered homeless. NASDVA will work with VA and HUD to allow flexibility in their definition of homelessness and revitalize transitional housing models to better serve Women Veterans, especially those with children.

Currently, the VA does not have the authority to provide the reimbursement for the costs of services for minor children of homeless Veterans. The issue disproportionally impacts Women Veterans as they often bear the primary responsibility of child raising. A GAO report found that this inequity led to financial disincentive for housing providers and in turn limits housing for Veterans with young children.

Homeless Women Veterans consistently identify childcare as a top unmet need. The cost is a common barrier for many as they try to seek employment and healthcare. In addition, Women Veterans are more likely to die by suicide than non-Veterans. NASDVA recommends that VA develop a mechanism between VHA and VBA to identify at risk Veterans at the time a claim is initiated or when a service is requested through the VBA. In short, any coordination gaps between VBA and VHA need to be mitigated to identify Veterans could be at risk of death by suicide.

MINORITY VETERANS

According to the U.S. Department of Veterans Affairs, minority Veteranas is defined as those who are identified as African Americans, Asian American/Pacific Islander, Hispanic, Native American/Alaska Native and Native Hawaiian.

To serve this important cohort of Veterans, NASDVA applauds the U.S. Department of Veterans Affairs recent release of its 2024 Equity Action Plan, and which states, “to help ensure that VA delivers on its promise to provide world-class care and benefits to *all* Veterans, their families, caregivers, and survivors — regardless of their age, race, ethnicity, sex, gender identity, religion, disability, sexual orientation, or geographic location.”

This is amplified by VA Secretary McDonough in his forwarding message saying, “At VA our mission is to provide world-class care and benefits … regardless of who they are, what they look like, who they love, where they are from or how they identify.” We believe the intent is genuine and will permeate throughout the entire Department particularly at the touchpoints where VA Employees and Veterans connect in receipt of their earned benefits and services.

Further, the establishment of the I*DEA Council (Inclusion, Diversity, Equity and Access) is key to systemic implementation of the Plan. It is important that the Council will have the responsibility to “deliver a comprehensive equity strategy that will emed robust equity practices into VA culture, polices, programs, training and decision-makingprocess.” Additionally, the Council is empowered “…to ensure the all Veterans are treated fairly and provided their full earned benefits and world-class health care to enable them to enjoya full, helathy life.”

Veterans in Island Territories have had significant issues with earned services and support due to their isolation. When there are natural disasters, such as a hurricane, VA can often be the only available provider. During catastrophic events, NASDVA recommends that all Veteran categories should be accepted for urgent medical care.

Native American Veterans are chronically underserved on their reservations. NASDVA applauds the recent Memorandum of Understanding between the U.S. Department of Veterans Affairs and U.S. Department of Health and Human Services' Indian Health Service seeking to increase access and improve the quality of health care and services for eligible American Indians and Alaskan Natives.

NASDVA clearly supports the successful implementation of the January 2023 rule by the VA waiving copayments incurred for eligible American Indian and Alaska Native Veterans. Eligible American Indian and Alaska Native Veterans who have submitted appropriate documentation to VA will no longer be required to pay copays for health care services. Funding Veterans in local native clinics puts resources back into their networks to provide care to all. This worked across Alaska, where VA clinics were closed several days a week. The IHS network is working well and very robust when the VA pays for the care for our Veterans in the Alaska Native Healthcare system. The limited funds they receive from IHS tends to go much further. Native Veterans would much rather be cared for by IHS and have VA reimburse IHS. This appears to be a working model and should be continued. This is especially true on the large reservations and in Alaska where distances are vast. We are aware that there are Veterans who are dual users of IHS, VA tribal health or both. This allows the Veteran to best choose the most convenient for his or her care.

NASDVA wants to make sure that our Veterans and the systems that they access have the resources available continually. Should there be a government shutdown, IHS should continue as the VA does with medical care for our Tribal Veterans.

HOMELESSNESS AMONG VETERANS

NASDVA commends VA's effort and continued emphasis on ending homelessness among Veterans. States will continue to develop and support outreach programs that assist VA in this high priority effort, particularly in further identifying those Veterans that are homeless and programs to prevent homelessness. As partners with VA at the nexus of local communities, we are focusing on addressing the multiple causes of Veterans' homelessness e.g., medical issues both physical and mental, legal issues, limited job skills, work history and high-cost rent.

NASDVA recommends continued funding for specialized homeless programs such as Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, Supportive Services for Veteran Families (SSVF) Shallow Subsidies and Compensated Work Therapy. It is vital to continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for Veterans and their families.

We know that many stages of homelessness exist and likewise we know that many factors contribute to homelessness among Veterans. Contributing factors are alcohol and drug abuse, mental health issues, PTSD, lack of employment, and involvement with the justice system. To eliminate chronic homelessness, we should continue to address the root causes. They need to receive attention and action by providing the necessary mental health and drug treatment programs in conjunction with job skills training and employment. Case management is imperative in these instances. These collective programs must be adequately staffed and fully funded in the current and future budgets.

NASDVA commends VA and HUD for their collaboration in increasing the number of Veterans Affairs Supportive Housing (VASH) vouchers. Unfortunately, in cities with high costs of living, the voucher value is insufficient to allow the Veteran to secure adequate housing. Some cities need cost of living adjustments to ensure the VASH voucher will cover most of the cost of affordable housing. NASDVA recommends vouchers be tied to local markets to ensure they can support Veterans with secure permanent housing.

NASDVA recommends additional attention for older homeless veterans, particularly those Vietnam Veterans who are now experiencing issues with injury or disease and can no longer care for themselves. These Veterans are very vulnerable and require long-term care but may not have filed for service-connected disabilities nor have the capacity to navigate the system which also may include Medicare. NASDVA recommends Congress review changing policy to allow these veterans to use HUD/VASH vouchers for long-term care. We owe these veterans the care they deserve for serving our nation.

VETERAN SUICIDE PREVENTION

NASDVA recommends more efforts through the VA Experience Office be made to support community efforts to prevent Veteran suicide. Engaging community coalitions through the Governor's Challenge and Mayor's Challenge on Veterans' Suicide Prevention can support the VA's effort. We recommend extensive collaboration between the VA Medical Centers, VA Regional Offices and State Departments of Veterans Affairs to impact this work. Data indicates

that 70% of Veterans who take their own lives do not engage with VA. This access issue should be improved. The entire Veterans community must take on the critical task of suicide prevention.

NASDVA recommends additional Veteran suicide prevention resources be provided to States and Territories through the Governor's Challenge. The VA will reportedly launch a new $10 million program to provide federal resources to States, Territories, Tribes and Tribal organizations to develop and implement proposals under the Governor's Challenge program.

However, the states they are transitioning to cannot reach them to share resources with them because they are not aware that the service member is in their State. During the time of transition, service members must complete various forms and attend different transition type courses. Many want to check off all their ETS forms as quickly as possible so that their lives as civilians can begin. Currently legislation requires that transitioning service members have the option to op-in for their state to receive the DD Form 214 contact information. The problem is service members often do not elect to do so, which is yet another step in a tedious transition process. If service members have to opt-out to share their DD Form 214 with states instead of having to decide to opt-in, we believe that states would receive more information about those moving to their states which would allow states to better serve these new veterans.

TRANSITION ASSISTANCE PROGRAM (TAP)

The Department of Defense reports more than 200,000 service members from all branches and components leave the Armed Forces each year and transition to civilian life. NASDVA strongly encourages the most effective national and state-level transition program(s) possible to ensure success when a military member leaves uniformed service. Transition is often stressful for service members and their families and a smooth transition is important for their emotional and financial security.

Service members are required to attend the multi-day Transition Assistance Program (TAP) at their military installation prior to separation or retirement. Spouses are also encouraged to attend as appropriate. TAP is a mandated, standardized workshop across all services and components and primarily delivered by the Department of Defense, Department of Labor and Veterans Affairs, and focuses on earned benefits, employment opportunities, and education. Depending on the service members future plans, TAP process can be inadequate to meet individual needs and it can be a challenge to absorb the amount of information. As a result, many see TAP as something they need to get through in order to leave the service,

rather than a helpful resource. Regardless, NASDVA recommends increased emphasis on mandatory participation in TAP.

It is a challenge for Transitioning Service Members (TSM) to connect with available and earned State services, benefits and support. Likewise, it is difficult for State Departments of Veterans Affairs (SDVA) to make service members aware of these benefits and services, especially in their new communities. This lack of connectivity between TSMs and SDVAs contributes to significant barriers to employment and increases the mental stress associated with their transition.

Post service contact information on the electronic DD Form 214 discharge is important to engage and inform those retiring or separating service members with community-based organizations and SDVA. NASDVA has long advocated for the discharge document to provide for “opt-out” (in lieu of “opt-in”) for the sharing of email address information. States are in a unique position to provide critical information to access earned Federal and State services, benefits and support.

NASDVA applauds recent coordination and efforts by the Veterans Benefit Administartion to allow for a 45-minute block of instruction in the 8-hour curriculum for representatives from the VSOs/SDVAs to participate. We believe this important initiative taken by VBA Under Secretary Jacobs will provide SDVAs the opportunity to provide localized State benefit and resources where the transitioning service member and family are planning to relocate. Instituting this change will also enhance closer partnership with all federal agencies who are a part of the TAP. In the end, the Veteran will gain from this inclusion to TAP.

CONCLUSION

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and distinguished members of the Committees on Veterans Affairs, we respect the important work that you have done and continue to do to improve the well-being of of nation’s Veterans. I emphasize again, that we are “government-to-government” partners and are second only to VA in delivery of earned benefits and services to those who have served our great country. State Departments of Veterans Affairs serve as an expanding hub and link to local communities where the Veterans reside. This opportunity for submitting a written testimony illustrates your recognition of NASDVA’s contribution and important role in serving our nation’s Veterans, their families ,survivors and caregivers. With your help and continued support, we can ensure that the needs of our Veterans remain a priority and they receive their earned benefits and services.

The challenges we overcome today become the foundation of our promise to serve those who have borne the battle and for their families and survivors, and our commitment to the nation's future Veterans.